



Utah Fire Service Certification Council

Intent to Participate

Organization Information

Department/Organization Name: _____

Agency Type: Utah Fire Department Career Volunteer Combined

Non-Affiliated Agency EMS Emergency Mgmt. Hospital/Health Care

Industrial National Guard Police Sheriff School District Search & Rescue

Other not listed _____

Department Address (This must be the department/entity address.)

Mailing Address: _____

City: _____ County: _____ Utah ZIP: _____

Physical Address: _____

City: _____ County: _____ Utah ZIP: _____

Department Leadership (Two representatives for each entity must be listed, typically the chief and a training officer. If an individual listed holds another position, please note it.)

Chief/Administrator Name: _____

Dept. Email Address: _____

Personal Email Address: _____

Dept. Phone Number: _____ Cell Number: _____

Personal Department

Training Officer Name: _____

Dept. Email Address: _____

Personal Email Address: _____

Dept. Phone Number: _____ Cell Number: _____

Personal Department

Organization Acknowledgement

- Fire departments must attach documentation from the Utah State Fire Marshal's Office verifying status and FDID.
- Non-affiliated participating agencies will be billed \$90 per certification.
- By signing below, I/we certify that the information listed is true and correct. I/we certify that the above listed department/organization will follow all policies and procedures of the Utah Fire Service Certification System.

Chief/Administrator

Signature: _____ Date: _____

Training Officer

Signature: _____ Date: _____

Certification Office Use Only

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Utah Fire Service Certification Council
c/o Utah Fire and Rescue Academy
3131 Mike Jense Parkway, Provo, UT 84601
Office: 801-863-7709 Website: UVU.edu/uфра
Email your Certification Specialist for your area

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