



Utah Fire Service Certification Council

Intent to Participate

Organization Information

Department/Organization Name: _____

Department/Organization Type: FIRE DEPT: Career Volunteer Combined
OTHER: EMS Non-Affiliated _____

Department Address (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 & Training Officer. If an individual listed holds another position, please note)

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

Participating organizations who are non-fire entities 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 Only

Utah Fire Service Certification Council
C/O Utah Fire and Rescue Academy
3131 Mike Jense Parkway Provo, UT 84601
Office: 801-863-7709
Email: UFRACertification@uvu.edu