Utah Fire Service Certification Council
ONLINE EXAMINATION REQUEST

Host Department/Agency Name: _____ **Date:** _____

- Complete **all** information on **both** pages of this form.
- **Electronically submit it to your area certification specialist 30+ DAYS prior to the requested examination date.**
- **A separate request MUST be made for each level of certification exam desired and for each exam date.**

EXAM TYPE (Check the boxes that apply.)

Certification exam level requested: _____

☐ **WRITTEN**   ☐ 1st Attempt   ☐ 2nd Attempt   ☐ 3rd Attempt

Total number of persons taking **WRITTEN** exam: ☐

Written examination will be conducted at (location): _____

Address:	City:	County:	ZIP:

Written: Exam Date [_____]   Exam Time [_____]
Skills: Exam Date [_____]   Exam Time [_____]

☐ **SKILLS**   ☐ 1st Attempt   ☐ 2nd Attempt   ☐ 3rd Attempt

Total number of persons taking **SKILLS** exam: ☐

Skills examination will be conducted at (location): _____

Address:	City:	County:	ZIP:

COMPLETE THIS SECTION FOR ONLINE WRITTEN EXAMS ONLY

Fill in the boxes that apply.

☐ Computers and internet are provided at the host agency location above.

Total number of computers available? [_____]

Tablets may not be available on the exam date above. If so, the Certification specialist will work with you to schedule the exam.

☐ Check box if **UFRA tablets** are needed for this written exam.

Total tablets requested? [_____]

(20 Mbps needed for 10 candidates)

☐ Check box if **internet/hotspot** is needed for this written exam.

☐ Check if each candidate is using a **personal computer/tablet** (**No** Cell Phones)

AUTHORIZATION

By signing below, I acknowledge that each candidate is currently affiliated with an agency approved by the UFSCC. I also acknowledge that completed training record(s) exist for each candidate testing. The record states that each candidate testing has received a learning experience in each subject area required for testing and has met all other requirements as specified in the Certification Policies and Procedures. For skills testing to occur, the completed training record(s) **must** be presented at the test site.

I acknowledge that an approved **safety officer(s)** will be assigned and provided by the AHJ. *Safety Officers must be certified or qualified at the level of the skills examination.*

The department/agency requesting the above exam(s) will have appropriate space, safe accommodations, and all equipment/props as required for testing.

☐ **Check box to acknowledge that you agree and comply with this statement. This will serve as your signature.**

_____   _____
Chief/Administrator Electronic Signature   Training Officer Electronic Signature

_____   _____
Department/Agency Mailing Address   Chief/Training Officer Daytime Phone #

_____   _____
City   State   ZIP   Chief/Training Officer Email Address

ACCOMMODATION

If a candidate needs reasonable accommodation for a learning disability or other condition affecting the candidate's ability to complete the written examination, accommodation can be made. Please contact the Certification Office for assistance at 801-863-7709.

Rev. 01/2026

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> **If using an authorized department tester for the written exam, complete the following information.**
>
> _____|_____|_____
> Tester   Title   Tester #

List the PID#, email address, name, birthdate, dept ORG#, and department/agency of all the candidates who will be taking the online examination. PIDs can be found at **bit.ly/ufraportal**. Leave PID # blank if candidate is not listed. The PID# is UFRA's Personnel Identification Number, unique to each candidate. This number is assigned for recording of test scores.

	PID #	Email	Candidate's Full Name First	Last	Middle	Birthdate _ _/_ _/_ _ _ _	ORG #	Department/Agency
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								