

ALABAMA FIRE COLLEGE AND PERSONNEL STANDARDS COMMISSION

APPLICATION FOR CERTIFICATION

Please type or print in ink.

For Office Use Only

Cert. #: _____

Date: _____

Reviewed By: _____

Review Date: _____

Approved By: _____

If No, attach reason(s)

▲ Full Name

▲ Social Security No.

▲ Name (to appear on certificate, if different)

▲ Address (Home)

Street

City

Zip

▲ Department Name

▲ Address (Department)

Street

City

Zip

▲ Telephone (Home) area code and number

▲ (Department) area code and number

▲ Certification Requested (a separate form is required for each level of certification requested)

▲ Location of Training

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Personal Education

Note: With regard to high school, please indicate year of graduation or highest level achieved.

With regard to college work, indicate degree earned or, if none, credit hours achieved and major pursued.

▲ High School

Dates Attended

Diploma or Degree (including GED)

▲ College

Dates Attended

Diploma or Degree

ALABAMA FIRE COLLEGE AND PERSONNEL STANDARDS COMMISSION

Fire Service Education and Training

Note: List only training which applies to certification requested.

▲ Training Received	Location of Training	Hours	Date Completed
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▲ Training Received	Location of Training	Hours	Date Completed
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▲ Training Received	Location of Training	Hours	Date Completed
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Fire Service Experience

▲ Department	From (date) To (date)	Volunteer or Paid
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▲ Department	From (date) To (date)	Volunteer or Paid
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▲ Department	From (date) To (date)	Volunteer or Paid
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Recommendation of Applicant

To the best of my knowledge and belief, the applicant meets all criteria for certification at the level sought in this application.

▲ Signature of Training Officer

▲ Signature of Chief

I certify that the information contained in this application is a true and accurate description of my fire service training and experience, qualifying me for the certification sought in this application.

▲ Date

▲ Signature of Applicant

I hereby affirm and certify, under penalty of perjury, that I have not been convicted of a felony and that I am not in violation of Alabama Administrative Code 360-X-1-.01(3)(d)5(e)1-2. I attest that all information provided herein is true and accurate to the best of my knowledge.

▲ Date

▲ Signature of Applicant