Department of Community Affairs Division of Fire Safety

FIREFIGHTER I & II

Phone: (609) 777-3552 Fax: (609) 341-3469

# **Certification Application Form**



1. SSN Number:		For Official Use Only
State DFSID Number:	(If previously issued – e.g., 111111)	
Name:		DFSID:
Address:		
City, State, Zip:		Received:
Telephones: Home:	(H)	Returned:
Work and Cell:	(W)(C)	Received 2:
Personal Email:		
Fire Dept. Name:		Date Issued:
Date of Birth:		
Gender/Race:	Male Female Race:	Ву:
	(Use Codes on 2nd Page)	
2 Continue Description	E' C' Lauri O III Di la la 41 22 de la 11 de 11 22 de 12 de	F: C 1, 1, 1, 1, 1
<u> </u>	nents - Firefighter I & II Please check the "box" corresponding to the	Firejignier ievel to be issued.
	A: Be at least 18 years of age.	:-1
	<ul> <li>Successfully complete the NJ adopted Firefighter I, Hazardous Mater Materials: Operations instructional programs.</li> <li>Pass the Firefighter I, Hazardous Materials: Awareness and Hazardou</li> </ul>	
	evaluate the Job Performance Requirements (JPR's) and components contained in the most current edition of the adopted NFPA 1001 and	of requisite knowledge and skills
Firefighter II:	A: Be at least 18 years of age.	(NFFA 10/2 of NFFA 4/2) standards.
	<ul><li>Be at least 16 years of age.</li><li>Possess a NJ Firefighter I, Hazardous Materials: Awareness and Haza certifications issued by the NJ Division of Fire Safety.</li></ul>	ardous Materials: Operations
	C: Successfully complete the NJ adopted Firefighter II instructional programs that evaluate the Job Performance	gram.
1	of requisite knowledge and skills contained in the most current edition	n of the adopted NFPA 1001 standard.
Request for Equiva	lency Determination:	
	termination is intended to be applied to out-of-state instructional program n of instruction deemed "equivalent" to the State adopted instructional pr	
NFPA 1001 and (N	FPA 1072 or NFPA 472) standard's at time of application submittal for the for review should be consistent with the New Jersey adopted program instructions.	ne specific designated titles. The
associated with its		arabitonar objectives and nours
	ons: Please provide the following documentation with your application: 1 Instructional program completion certificates; 3) State issued certification	
credentialing criteri	ia; 4) Proof that you successfully passed the State final exams associated value that certification will not be issued unless documentation has been rec	with the firefighter certification level
•		
3. I do hereby certify that the documentation submitted with this application is accurate and is true. I am aware that if any of the		
documentation is willfully false, I am subject to punishment.		
Applicant's Signature:		Date:

## Firefighter I and II Certification Application Form Instructions

Please type or print clearly on the application form. Certification will not be issued unless documentation is received and validated.

## Section

1. Enter your Social Security Number (SSN) and six digit Division of Fire Safety Identification Number (DFSID) if previously issued to you. The collection of the SSN is <u>mandatory</u>, and is collected under authority of N.J.S.A. 54:50-24 et seq. and Administrative Rule N.J.A.C. 5:3-1.2. The mandatory provision requires the collection of your SSN which enables both the Division of Fire Safety within the Department of Community Affairs and the Division of Taxation within the Department of Treasury to conduct more efficiently, the necessary background check before issuance, denial, renewal, suspension or revocation of a certification.

Provide your name, home address, telephone numbers and email address. In addition, please provide your fire department name, date of birth, gender, and race. *Note: Please do not use your fire department address as your home address.* 

Please use the following code numbers to indicate your		
race/national origin which best applies to your ancestral		
heritage. (Providing this information is voluntary.)		

Code	<u>Description</u>
01	American Indian or Alaskan Native
02	Asian or Pacific Islander
03	Black, not of Hispanic origin
04	White, not of Hispanic origin
05	Hispanic

2. Certification Requirements - Firefighter I and II

#### Firefighter I:

- A: Be at least 18 years of age.
- B: Successfully complete the NJ adopted Firefighter I, Hazardous Materials: Awareness and Hazardous Materials: Operations instructional programs.
- C: Pass the Firefighter I, Hazardous Materials: Awareness and Hazardous Materials: Operations State exams that evaluate the Job Performance Requirements (JPR's) and components of requisite knowledge and skills contained in the most current edition of the adopted NFPA 1001 and (NFPA 1072 or NFPA 472) standards.

### Firefighter II:

- A: Be at least 18 years of age.
- B: Possess a NJ Firefighter I, Hazardous Materials: Awareness and Hazardous Materials: Operations certifications issued by the NJ Division of Fire Safety.
- C: Successfully complete the NJ adopted Firefighter II instructional program.
- D: Pass the Firefighter II State exams that evaluate the Job Performance Requirements (JPR's) and components of requisite knowledge and skills contained in the most current edition of the adopted NFPA 1001 standard.

Request for Equivalency Determination: The equivalency determination is intended to be applied to out-of-state instructional programs accredited by ProBoard or IFSAC, or applied to a program of instruction deemed "equivalent" to the State adopted instructional program and which meets the current NFPA 1001 and (NFPA 1072 or NFPA 472) standard's at time of application submittal for the specific designated titles. The program submitted for review should be consistent with the New Jersey adopted program instructional objectives and hours associated with its delivery.

Submittal Instructions: Please provide the following documentation with your application: 1) Photocopy of your birth certificate or driver's license; 2) Instructional program completion certificates; 3) State issued certifications required for meeting prerequisite and credentialing criteria; 4) Proof that you successfully passed the State final exams associated with the firefighter certification level requested. Please note that certification will not be issued unless documentation has been received and validated.

3. The application form must be signed and dated.

Forward the application form and supportive documentation to:

Attn: Firefighter Certification Office of Training and Certification Division of Fire Safety P.O. Box 809 Trenton, NJ 08625-0809

### **Office Staff Contact Information**

Questions about Firefighter certification requirements and procedures should be directed to the staff of the Office of Training and Certification at (609) 777-3552 from 8:30 a.m. to 4:00 p.m., Monday through Friday.