



**TRAINING & CERTIFICATION BUREAU
REQUEST FOR STATE CERTIFICATION TESTING**

Department/Agency: _____

Address: _____

City: _____ Zip Code: _____ Phone: _____

Course Lead Instructor: _____

Written Exam Proctor: _____

*Proctor's Address: _____

Skills Lead Evaluator: _____

*Evaluator's Address: _____

Course and level to be tested: (Please check appropriate box)

Nevada Firefighter I	<input type="checkbox"/>	NFPA/IFSA Firefighter I	<input type="checkbox"/>
Nevada Firefighter II	<input type="checkbox"/>	NFPA/IFSA Firefighter II	<input type="checkbox"/>
Haz Mat Awareness	<input type="checkbox"/>	Haz Mat Operations	<input type="checkbox"/>
Fire Officer I	<input type="checkbox"/>	Fire Officer II	<input type="checkbox"/>
Fire Service Instructor I	<input type="checkbox"/>	Fire Service Instructor II	<input type="checkbox"/>
Fire Inspector I	<input type="checkbox"/>	Fire Inspector II	<input type="checkbox"/>
Pumper Driver	<input type="checkbox"/>	Fire Investigator	<input type="checkbox"/>
Aerial Driver	<input type="checkbox"/>	Other	<input type="checkbox"/>

Practical skills to be tested: (Please check appropriate box)

Firefighter I	<input type="checkbox"/>	Firefighter II	<input type="checkbox"/>
Hazmat Operations	<input type="checkbox"/>	Other	<input type="checkbox"/>

Date and Time of Written Test: _____

Location: _____

Date and Time of Skills Exam: _____

Location: _____

Course Curriculum Used: (Please check appropriate box)

IFSTA	<input type="checkbox"/>	Other	<input type="checkbox"/>
Jones and Bartlett	<input type="checkbox"/>		<input type="checkbox"/>

Print (legibly) Name of Fire Chief or Designee: _____

Signature of Fire Chief or Designee: _____ Date: _____



MORE INFORMATION

During testing, the AHJ has primary responsibility to ensure the safety of all candidates, evaluators, and support staff. This includes adequate space for written and manipulative testing and compliance with applicable NFPA safety and health standards.

A list of your candidates' names (including middle initial) must be attached to this request for testing.

Please return this form and list to:

Training and Certification Bureau
State Fire Marshal
107 Jacobsen Way
Carson City, NV 89701

Or

E-Mail: sfmtraining@dps.state.nv.us
Fax To: (775) 684-7507

Please note:

All Proctors or Evaluators used for State testing MUST be registered with the Training and Certification Bureau.

If the Proctor or Evaluator is not registered, please contact this Bureau for more information at;
Phone (775) 684-7501 ext. 7 or E-Mail sfmtraining@dps.state.nv.us