



**FIRE FIGHTER II APPLICATION
PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM
NFPA 1001 – 2002 Edition**



LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NUMBER	
STREET ADDRESS	CITY	STATE	ZIP CODE	COUNTY
DATE OF BIRTH	HOME PHONE	WORK PHONE	TEST DATE REQUESTED	

AFFILIATION (FIRE DEPARTMENT/ORGANIZATION)

STREET ADDRESS	CITY	STATE	ZIP
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NOTE: It is understood that the candidate registered on this form has done so with the full knowledge, consent, and approval of the above named organization; and is protected by an insurance carrier or the organization. Participation approved by:

SIGNATURE OF CHIEF OFFICER	OFFICER TITLE	DATE	DAYTIME PHONE NUMBER
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CHIEF OFFICER NAME (print or type)	OFFICER TITLE
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If you are not participating as a member of an emergency service organization, are you protected by an insurance carrier providing hospitalization and/or Workmen's Compensation in cause of injury? YES____ NO____

If YES, you will be required to show proof of insurance coverage with this application. If NO, you will be required to sign a release Waiver prior to taking any portion of the Certification exam.

SIGNATURE OF APPLICANT	DATE
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RETURN COMPLETED APPLICATIONS TO THE TEST SITE OF YOUR CHOICE

TEST SITE OFFICE USE ONLY:	Test Site:_____	Test Site Number:_____
Date Application Received at Test Site:_____	Application Approved:_____	
Candidate Number:_____	Written Exam Results: PASS____ FAIL____	
Skills Exam Results: PASS____ FAIL____	Skill Stations To Retest:_____	

The Pennsylvania Voluntary Certification Program is accredited by the National Board of Fire Service Professional Qualifications. Successful completion of a certification level permits you to apply to the National Board on Fire Service Professional Qualifications for national certification and registry.



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Act 168 of 2006 amended Title 18 (Crimes and Offenses) of the Pennsylvania Consolidated Statutes, Section 2, subsection (h) (1) Arson and related offenses reads:

“A person convicted of violating this section or any similar offense under Federal or State law shall be prohibited from serving as a firefighter in this Commonwealth and shall be prohibited from being certified as a firefighter under Section 4 of the Act of November 13, 1995 (P.L. 604, No.61), known as the State Fire Commissioner Act.”

All individuals making application for certification testing must provide documentation of a background check. Proof of a non-conviction **MUST** consist of *either* of the following:

1. An official criminal history record check obtained pursuant to Chapter 91 (relating to criminal history record information) indicating no arson convictions.

OR

2. By dating and signing of the following statement by the person swearing to the following:

“I have never been convicted of an offense that constitutes the crime of “arson and related offenses” under 18 Pa.C.S 3301 or any similar offense under any Federal or State law.

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to penalties prescribed by law, including, but not limited to, a fine of at least \$1,000.00”

Signature of Certification Candidate

Name of Certification Candidate (please print or type)

Date



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PLEASE ATTACH A COPY OF CERTIFICATE FOR ALL BELOW REQUIREMENTS

Successful completion of Incident Command System Course: Please check one

- NFA Incident Command System Course**
- NFA NIMS ICS for the Fire Service**
- NFA NIMS ICS for EMS**
- NFA IS-100 AND IS-200**

REQUIREMENT: FIRE FIGHTER I CERTIFICATION - NFPA # 1001-2002 Edition, Chapter 6.1.1

You must be certified at the Fire Fighter I level. Attach a copy of your Fire Fighter I certificate.

FIRE FIGHTER I CERTIFICATE NUMBER: _____

REQUIREMENT: HAZARDOUS MATERIALS RESPONSE - NFPA # 1001-2002 Edition, Chapter 6.1.1. Candidate must meet requirements for the First Responder at the Operations Level of NFPA 472 Standard for Professional Competence of Responders to Hazardous Materials Incidents.

Candidates must be certified at the First Responder Operations Level in accordance with NFPA 472 "Standard for Professional Competence of Responders to Hazardous Materials Incidents", Chapter 5. Attach a copy of one of the following recognized certificates. ***Certificate must be current, i.e., within one (1) year of test date.***

- HAZARDOUS MATERIALS OPERATIONS LEVEL (IAFF or ISFSI), OR**
- HAZARDOUS MATERIALS OPERATIONS LEVEL ANNUAL REFRESHER, OR**
- HAZARDOUS MATERIALS TECHNICIAN LEVEL, OR**
- The candidate meets the competencies of 29 CFR 1910.120/40 CFR 311 and is certified to the Operations level or higher.**

SIGNATURE	OFFICIAL'S TITLE	DATE
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PRINT OR TYPE NAME	OFFICIAL'S TITLE
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REQUIREMENT: RESCUE OPERATIONS - NFPA # 1001-2002 Edition, Chapter 6.4; JPR 6.4.1 and 6.4.2:
Attach a copy of a course completion certificate for any one of the following courses.

_____	SFA VEHICLE RESCUE I or its predecessor, VEHICLE RESCUE OR
_____	SFA VEHICLE RESCUE II or its predecessor ADVANCED VEHICLE RESCUE, OR
_____	PENNSYLVANIA DEPARTMENT OF HEALTH <i>BASIC VEHICLE RESCUE</i> OR
_____	Pennsylvania Vehicle Rescue - Operations Level
_____	Pennsylvania Vehicle Rescue - Technician Level

REQUIREMENT: FIRE DEPARTMENT COMMUNICATIONS – NFPA # 1001-2002 Edition, Chapter 6.2; JPR 6.2.1

Candidate must attach a copy of his/her fire department's incident ("run") report, properly completed for an actual incident by the candidate him/her self.

	Incident Report Form complete and attached.	Yes _____	No _____	
	Incident Report includes proof of completion by the candidate.	Yes _____	No _____	

REQUIREMENT: FIRE PREVENTION, PREPAREDNESS, AND MAINTENANCE - NFPA # 1001-2002 Edition, Chapter 6.5: JPR 6.5.1

Conduct a pre-incident survey and fire safety inspection of a commercial building in your area. Prepare a pre-incident survey report that includes: (1) completed safety inspection form; (2) diagrams/sketches of the building floor plan (each floor of the building must be included); (3) a plot plan of the target building, and (4) response assignments for responding companies (apparatus). Attach all required materials to this application. Complete the pre-incident survey information beginning on the next page that is requested as part of this application.

	Safety Inspection Form, complete and attached:	Yes _____	No _____	
	Floor plan diagrams and sketches complete and attached:	Yes _____	No _____	
	Plot plan completed and attached:	Yes _____	No _____	
	Response assignments complete and attached:	Yes _____	No _____	

CANDIDATE NAME _____ **SOC. SEC.#:** _____



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PREPLAN AND FIRE SAFETY INSPECTION OF TARGET BUILDING, Page 1 of 2

BUILDING NAME _____

BUILDING ADDRESS _____

OWNER: _____ OCCUPANT: _____

ADDRESS: _____

TYPE OF OCCUPANCY: _____ EMERGENCY NOTIFICATION: _____

DIMENSIONS: LENGTH _____ WIDTH _____ NO. STORIES _____ TOTAL SQ. FT. _____ BUILT (YR) _____

CONSTRUCTION: WALLS _____ FLOORS _____ ROOF _____

FORCIBLE ENTRY POINTS _____

UTILITIES:	<u>SUPPLIER/EMERGENCY TELEPHONE</u>	<u>SHUT-OFF LOCATION</u>
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ELECTRIC:	_____	_____
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WATER:	_____	_____
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GAS:	_____	_____
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HVAC:	_____	_____
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STAIRWAYS, TYPE AND LOCATIONS: _____

ELEVATORS, TYPE AND LOCATIONS: _____

OTHER VERTICAL OPENINGS, TYPE AND LOCATIONS: _____

PROCESSES: _____

HAZARDS: _____

POPULATION AND TIMES: _____

SPECIAL POPULATION TARGETS AND LOCATIONS: _____

SALVAGE TARGETS AND LOCATIONS: _____

EXPOSURES:	<u>DISTANCE</u>	<u>TYPES OF CONSTRUCTION</u>
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NORTH:	_____	_____
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EAST:	_____	_____
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SOUTH:	_____	_____
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WEST:	_____	_____
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PROTECTION: SPRINKLERS: WET _____ DRY _____ COMPLETE _____ PARTIAL _____



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CANDIDATE NAME _____ SOC. SEC.#: _____

PREPLAN AND FIRE SAFETY INSPECTION OF TARGET BUILDING, Page 2 of 2

STATIC PRESSURE _____ FD CONNECTION LOCATION _____

ROOM LOCATION _____

SPRINKLERS CLEAR OF OBSTRUCTIONS?	YES _____	NO _____
CONTROL ROOM CLEAR OF OBSTRUCTIONS?	YES _____	NO _____
FIRE DEPT. CONNECTION ACCESSIBLE?	YES _____	NO _____
FIRE PUMP?	YES _____	NO _____

FIRE PUMP CAPACITY: _____ GPM FIRE PUMP LOCATION: _____

STANDPIPE: WET _____ DRY _____ CONDITION OF HOSE: _____

STANDPIPE THREAD SIZE: _____ FD CONNECTION LOCATION: _____

AREA HOSE CABINETS CLEAR OF OBSTRUCTIONS? YES _____ NO _____

FIRE ALARM EQUIPMENT (DESCRIBE): _____

IS SYSTEM OPERABLE?	YES _____	NO _____
IS SYSTEM TESTED?	YES _____	NO _____

WATER SUPPLY: TYPE _____ CAPACITY _____ GPM

LOCATION: _____

EMERGENCY EXITS: ADEQUATE?	YES _____	NO _____
CLEAR OF OBSTRUCTIONS?	YES _____	NO _____

HEATING EQUIPMENT: TYPE _____

INSPECTED?	YES _____	NO _____
SAFELY ARRANGED?	YES _____	NO _____
ROOM CLEAR?	YES _____	NO _____

LOCATION OF SHUT DOWN CONTROLS: _____

CONDITIONS FOUND ON INSPECTION: _____

KNOWN OCCUPANCY HAZARDS: (LIST HAZARDS) _____

INSPECTOR'S SIGNATURE

DATE

PERMISSION TO CONDUCT THIS INSPECTION WAS GRANTED BY:

NAME (please print)	TITLE	PHONE
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THIS INFORMATION REQUESTED FOR TRAINING AND VALIDATION PURPOSES ONLY. ALL INFORMATION IS CONFIDENTIAL.



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FIRE FIGHTER II SKILL EVALUATION FORMAT

The information listed herein serves as a guide to the practical skills required for Fire Fighter One Certification and lists the source for the practical, hands-on performance skills required for by a candidate.

The format used in Pennsylvania's practical examination is based on the Job Performance Requirements (JPRs) listed in Chapter 6 of the 2002 Edition of NFPA # 1001, *Fire Fighter Professional Qualifications*. Excepted are the JPRs (such as the rescue requirement) that are tested by the application process itself. Those wishing to further reference the performance standards should refer to Appendix A in the back of the 4th Edition of the *Essentials of Fire Fighting* manual printed by IFSTA or by referral to a copy of the 2002 Edition of NFPA # 1001

Upon being notified by a test site that a Fire Fighter II test is scheduled, the State Fire Academy will select a total of 5 skill stations from the 8 available on the menu. The site will be notified of this selection and will test those stations. Certain stations judged critical to fire fighter survival or 'baseline' skill will be tested each time a test is given at any certified test site across the state. The remainder will be selected randomly from the menu on a rotating basis. Candidates testing at any particular test site will not know what specific skill stations will be presented until the day of the test, so you must be prepared and capable to test to **any or all of the Prerequisite Skills listed for any JPR** under Fire Fighter II.

While there are generally several safe, effective ways to perform any given skill, candidates should familiarize themselves with the method(s) and procedures illustrated in the IFSTA 4th edition *Essentials of Fire Fighting* textbook. That source will be used as the final reference to settle any discrepancy.

In the event that a candidate should fail a skill station, the following is the policy of the PA Voluntary Fire Fighter Certification Program:

1. If the candidate fails one (1) skill station during the Fire Fighter II skill testing session, the candidate will be afforded the opportunity to retest that station on the day of failure.
2. The candidate will be permitted only one (1) retest attempt of any skill on the day of skill station failure.
3. If the candidate fails two (2) or more skill stations, the candidate must retest on another date at either the same testing site or another testing site of the candidate's choice. Candidate must have prior approval of the Test Site Coordinator to retest on a future date.
4. In the event of a skill station failure, the candidate **MUST** retest the skill station that was failed. A test site may not substitute another skill for the previously failed skill.
5. All retesting must be completed within one (1) year of the date of the failure.