



## Candidate Application

### REGISTERING FOR:

**Written Exam**

Proctor or Test Control Officer (TCO) must submit all candidate applications 14 days in advance to [IFSACTESTREG@WSP.WA.GOV](mailto:IFSACTESTREG@WSP.WA.GOV)

**Practical Exam**

TCO must submit all candidate applications 14 days in advance of scheduled test date to [IFSACTESTREG@WSP.WA.GOV](mailto:IFSACTESTREG@WSP.WA.GOV).

|              |                  |
|--------------|------------------|
| Date of Exam | Location of Exam |
|--------------|------------------|

**LEVEL:** (Use one application for written and practical exams in the same level.)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Hazardous Materials Awareness  | <input type="checkbox"/> Fire Officer I                  | <input type="checkbox"/> Driver/Operator                     |
| <input type="checkbox"/> Hazardous Materials Operations | <input type="checkbox"/> Fire Officer II                 | <input type="checkbox"/> Driver/Operator Pumper              |
| <input type="checkbox"/> Hazardous Materials Technician | <input type="checkbox"/> Fire Officer III                | <input type="checkbox"/> Driver/Operator Aerial              |
| <input type="checkbox"/> Firefighter I                  | <input type="checkbox"/> Fire Officer IV                 | <input type="checkbox"/> Driver/Operator Tiller              |
| <input type="checkbox"/> Firefighter II                 | <input type="checkbox"/> Fire Inspector I                | <input type="checkbox"/> Driver/Operator Mobile Water Supply |
| <input type="checkbox"/> Fire Instructor I              | <input type="checkbox"/> Fire and Life Safety Educator I | <input type="checkbox"/> Driver/Operator ARFF                |
| <input type="checkbox"/> Fire Instructor II             | <input type="checkbox"/> Fire Investigator               | <input type="checkbox"/> Airport Firefighter                 |

This is a retest. List all other test dates: \_\_\_\_\_

**PERSONAL INFORMATION:** Provide your full legal name. Candidates will be required to show government-issued photo identification to the Proctor/TCO on the day of testing. Candidates who do not provide photo ID will not be allowed to test. All fields are required.

|                 |        |                       |      |               |          |     |               |  |  |  |  |  |
|-----------------|--------|-----------------------|------|---------------|----------|-----|---------------|--|--|--|--|--|
| Last Name       |        | Full Legal First Name |      | MI            | FEMA SID |     |               |  |  |  |  |  |
| Mailing Address |        | Apt. #                | City |               | State    | ZIP |               |  |  |  |  |  |
| Contact Number  | E-mail |                       |      | Date of Birth |          |     | Last 4 of SSN |  |  |  |  |  |

**FIRE AGENCY INFORMATION:** By completing the information below, you are authorizing your fire agency to access your certification and test records.

|                      |  |                |       |     |  |
|----------------------|--|----------------|-------|-----|--|
| Fire Department Name |  | Contact Number |       |     |  |
| Mailing Address      |  | City           | State | ZIP |  |

I understand I am responsible for complying with the State Fire Marshal's Office's (SFMO) Fire Service Certification policies and procedures which will be outlined to me by the Proctor/TCO on the day of testing. I further acknowledge that I meet the testing requirements for the level(s) I am applying.

\_\_\_\_\_  
 Candidate Signature Date

**THIS APPLICATION FORM MUST BE SUBMITTED TO THE TEST CONTROL OFFICER OR PROCTOR.**

Candidates with questions regarding the testing process can be directed to the SFMO at [IFSACQUESTIONS@WSP.WA.GOV](mailto:IFSACQUESTIONS@WSP.WA.GOV) or by telephone, (360) 596-3945.