



**FIRE PROTECTION BUREAU  
PROFESSIONAL DEVELOPMENT AND RESPONSE SECTION  
PO Box 42642  
Olympia WA 98504-2642  
(360) 596-3945 FAX: (360) 596-3934**



## Candidate Application

**REGISTERING FOR:**

- Paper-Based Exams** Test Control Officer (TCO) must submit all candidate applications 14 days in advance of scheduled test date.
- Online Exams** Candidates must submit application 10 days in advance of anticipated test date.
- Practical** TCO must submit all candidate applications 14 days in advance of scheduled test date.

Date of Exam or Practical	Location of Exam or Practical
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**LEVEL:** (One application may be used for written and practical exams for the same level.)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Hazardous Materials Awareness   | <input type="checkbox"/> Instructor I    | <input type="checkbox"/> Fire and Life Safety Educator* |
| <input type="checkbox"/> Hazardous Materials Operations  | <input type="checkbox"/> Instructor II   | <input type="checkbox"/> Driver Operator*               |
| <input type="checkbox"/> Hazardous Materials Technician* | <input type="checkbox"/> Fire Officer I  | <input type="checkbox"/> Driver Operator Pumper*        |
| <input type="checkbox"/> Firefighter I                   | <input type="checkbox"/> Fire Officer II | <input type="checkbox"/> Airport Firefighter*           |
| <input type="checkbox"/> Firefighter II                  | <input type="checkbox"/> Fire Inspector* | <input type="checkbox"/> Fire Investigator*             |

\* Only paper-based exams are available.

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 test proctor/TCO on the day of testing. Candidates who do not provide photo ID will not be allowed to test. All fields in **bold** are required.

Last Name	First Name	MI	Date of Birth
Mailing Address		City	State ZIP
Contact Number (     )	E-Mail		Last Four 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 to read and be familiar and comply with the Accreditation & Certification policies and procedures including, but not limited to, those outlined in the Notice to Candidate. I further acknowledge that I meet the testing requirements for the level I am applying.

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

**This application form shall be submitted to the Test Control Officer or Proctor.**

Questions regarding testing can be directed to the Office of the State Fire Marshal at [ifsactestreg@wsp.wa.gov](mailto:ifsactestreg@wsp.wa.gov) or by fax to (360) 596-3934.