

FIRE PROTECTION BUREAU FIRE INVESTIGATOR CURRENCY APPLICATION FORM

Please complete this form and have your Fire Chief or Employer fill out the information needed, sign, and return to: Ms. Barbara Gagner, Fire Protection Bureau, Standards and Accreditation, PO Box 42600, Olympia, or fax to: 360-570-3136. For questions, call 360-596-3930. When qualified, the candidate will be entered into the state data base as current in Fire Investigations. This currency will be valid in the state of Washington for a period of five years after it's receipt in our office.

Last 4
digits
SSN: _____

Candidate Name: _____ Phone: _____

Currency applying for: _____

Birth Date (month, day, year)	IFSAC Seal Number	
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Department Name: _____

Mailing Address: _____

To be eligible for currency, the candidate must have previously been certified by the state of Washington in an IFSAC accredited certification testing process. Please indicate the date you completed your certification on NFPA 1033

Fire Investigator: _____
Date

This portion to be filled out by Department Chief or Employing Authority:

I have reviewed training records and certify that _____ has met the currency required by the state of Washington for NFPA 1033 and NFPA 921 standards on the dates noted below:

NOTE: If more room is needed please copy this form and label it page 2

Training Received to meet the intent of NFPA 1033 or NFPA 921 (current editions) Please list courses representing 80 hours of documented continuing education over the last 5 years.	Qualification date or date Training Completed	NFPA Standard	Met or Not Met
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Current IAAI (International Association of Arson Investigators)_			Yes <input type="checkbox"/> No <input type="checkbox"/>
Currently active as a Fire Investigator			Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommended by agency or employing company (see signature below)			Yes <input type="checkbox"/> No <input type="checkbox"/>

Chief's Name (print) _____ Date _____ Signature _____

Employing Authority Name (print) _____ Date _____ Signature _____

Examples:

Advanced Fire Scene Photography

Fire Origin and Cause – Advanced

Investigations of Electrical and Appliance Related Fires

Forensic Fire Scene Reconstruction

Vehicle Fire Investigations Death and Injury

Interviewing/Interrogation Techniques and Courtroom Testimony

International Association of Arson Investigators Expert Courtroom Testimony Program