



## Certification Exam Registration

**Important:** To ensure prompt delivery of examination materials and coordination of proctors, allow 30 days from date of request to examination date. Use this form to register certification exams. Keep a copy of this form for your information. If changes occur after submitting this form, please contact the Standards and Accreditation office in Olympia at (360) 596-3931. Submit the form to the WSP Fire Protection Bureau, PO Box 42600, Olympia WA, 98504-2600, or fax to (360) 596-3936.

**NOTE: The FFI and Haz Mat Operations exams require the Haz Mat Awareness exam as a separate test. If you are testing either of these levels, please order both exams. If you believe the candidates have already met this requirement, please contact Fire Standards and Accreditation for verification.**

Certification Exam Level: \_\_\_\_\_ No. of Students: \_\_\_\_\_

Exam Location: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name of Person Registering for the Exam and Phone Number: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

**Accredited Programs\*** Entity: \_\_\_\_\_ Accredited Number: \_\_\_\_\_

Mail test materials to:

*Proctor's Name:*

*Proctor's Address (Do not use PO Box):*

Proctor's/Senior Evaluator's/Test Control Officer's Certification Verified by: \_\_\_\_\_

*TCO, SE, Proctor, or Instructor's Name*

Written Exam Date: \_\_\_\_\_ Time: \_\_\_\_\_

Practical Exam Date: \_\_\_\_\_ Time: \_\_\_\_\_

*Note: The fire chief or designee must verify that the test site and equipment meet the required NFPA safety standards. Contact our office if you need a planning packet. Mailing tests to other than a state-certified proctor nullifies exam results.*

**Fire Chief or Designee Signature**

Is this a re-test?  Yes  No

Previous test date and location: \_\_\_\_\_

Instructor Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Instructor Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Certified Third Party Evaluators:** (minimum of 2 for Instructor Exams, 4 for Firefighter Exams)

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**The following positions are required to be Washington State certified:\*\***

**Test Control Officer:** \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Senior Evaluator:** \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Test Proctor:** \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**\*Accredited entities – only enter accredited program and number.**

**\*\*Contact our office for an approved list.**