



**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

Completed applications should be submitted to the Office of the State Fire Marshal (OSFM) at the address listed on the top of the form or by e-mail to ifsactestreg@wsp.wa.gov or by fax to (360) 596-3934.