



**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 or by fax to (360) 596-3934.