



**FIRE PROTECTION BUREAU
PROFESSIONAL DEVELOPMENT AND RESPONSE SECTION
PO Box 42642
Olympia WA 98504-2642
(360) 596-3945 FAX: (360) 596-3936**



Certification Exam Registration

Important: To ensure prompt delivery of examination materials, 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 Professional Development and Response Section in Olympia at (360) 596-3945. Submit the form via e-mail to ifsactestreg@wsp.wa.gov, by mail to WSP Fire Protection Bureau, PO Box 42642, Olympia WA, 98504-2642, or by fax to (360) 596-3936.

REGISTERING FOR: (Complete a separate form for each certification exam 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 Investigator | <input type="checkbox"/> Fire Inspector I |

Written Exams – Must be submitted at least 30 days in advance of the scheduled test date.
Is this a retest? Yes No **If “Yes,” page 2 of this form must be completed.**

Number of Candidates	Exam Location	Exam Date and Time
Proctor's Name	Proctor's Address (Do not use PO box)	Telephone Number ()

- Practical** – Must be submitted 14 days in advance of scheduled test date. *Test Administration Personnel must be in good standing with the WSP Fire Protection Bureau. A minimum of 2 evaluators are required for Instructor Exams and 4 for Firefighter practical exams.*
- Live Fire** – For live fire, indicate which Test Administration Personnel will be conducting the evaluations by indicating LF after their name.

Practical Exam Location	Number of Candidates	Date and Time	
Live Fire Exam Location	Number of Candidates	Date and Time	
Test Control Officer's Name	Telephone Number ()	Senior Evaluator's Name	Telephone Number ()
Evaluator's Name	Telephone Number ()	Evaluator's Name	Telephone Number ()
Evaluator's Name	Telephone Number ()	Evaluator's Name	Telephone Number ()
Evaluator's Name	Telephone Number ()	Evaluator's Name	Telephone Number ()

TCO or Proctor's PRINTED Name

TCO or Proctor's SIGNATURE

NOTE: The fire chief or designee must sign verifying the test site and equipment meet the required applicable state laws (RCW, WAC), EPA requirements, and NFPA safety standards.

Fire Chief or Designee's PRINTED Name

Fire Chief or Designee's SIGNATURE

