

National Certification Application Form

Return Application to:

Kansas Fire & Rescue Training Institute

ATTN: Certification

1515 St. Andrews Drive

Lawrence, Kansas 66047-1625

E-mail: kufst@ku.org

FAX: 785-864-9044

Personal Information

First Name	MI	Last Name	Suffix	Date of Birth (Month/Date/Year)	
Home Address			Home City		State Zip Code
Home Phone ()	Work Phone ()		Mobile Phone ()		
Email Address			FAX ()		
Fire Dept. or Organization			Fire Dept. or Organization Address		

Certification Category & Level

Please **CHECK ONLY ONE** the category/level of certification for which you are applying per registration form. For certification pre-requisites, please refer to the KF&RTI web site (www.continuinged.ku.edu/fire).

- | | |
|---|--|
| <input type="checkbox"/> Fire Fighter I* (includes HazMat Awareness & Operations) | <input type="checkbox"/> Fire Fighter II* |
| <input type="checkbox"/> Driver/Operator-Aerial | <input type="checkbox"/> Driver/Operator-ARFF |
| <input type="checkbox"/> Driver/Operator-Pumper | <input type="checkbox"/> HazMat Awareness |
| <input type="checkbox"/> HazMat Operations* | <input type="checkbox"/> HazMat Technician* |
| <input type="checkbox"/> Fire Inspector I | <input type="checkbox"/> Fire Service Instructor I |
| <input type="checkbox"/> Fire Service Instructor II | <input type="checkbox"/> Fire Officer I |
| <input type="checkbox"/> Fire Officer II | <input type="checkbox"/> Airport Fire Fighter* |
| <input type="checkbox"/> Rope Rescue Tech | <input type="checkbox"/> Trench Rescue Tech |
| <input type="checkbox"/> Structural Collapse Rescue Tech* | |

* Indicates a level that requires verification of SCBA Fit Testing. See statement below.

Please contact KF&RTI at 785-864-4790 or toll free at 866-804-8841 or refer to web site for the certification fee schedule.

Payment Method

Each application must be accompanied by payment of appropriate certification fees. Approved methods of payment are listed below. Please indicate the method of payment you will use. Please do not send cash.

- | | |
|--|--|
| <input type="checkbox"/> Payment enclosed (check or money order) | <input type="checkbox"/> Bill my department or organization. |
| <input type="checkbox"/> Charge to my: <input type="checkbox"/> Mastercard <input type="checkbox"/> VISA <input type="checkbox"/> Discover | <input type="checkbox"/> American Express. |

Account No: _____ Expiration Date: _____

Name as it appears on card: _____

Test Site Registration

If you know the location & date of the test site that you wish to attend, please indicate it below. A certification exam schedule can be obtained by contacting KF&RTI by phone or visiting our web site.

Location: _____ Test Date: _____

Special Accommodation

- If you need special accommodation, please check the box preceding this statement & you will be contacted by a staff member.

Applicant's Verification

I verify that I have reviewed the certification guidelines as stated in the Kansas Fire & Rescue Training Institute Certification Criteria and Procedures document and agree to conform to those guidelines. I further verify that all information submitted on this form is accurate.

Applicant's Signature

Verification Authority

I verify the person listed on this form has been fit tested as per OSHA 29 CFR Part 1910.134. This form must be signed by the person conducting the fit test, the Fire Chief, or the Authority Having Jurisdiction. (Required for: FFI, FFII, HM Ops, HM Tech, Airport FF, SCT.)

Signature of Verification Authority