



**FIRE PROTECTION BUREAU – FIRE SERVICE CERTIFICATION**  
 PO Box 42642  
 Olympia WA 98504-2642  
 (360) 596-3945



**CERTIFIED FIRE INVESTIGATOR CURRENCY APPLICATION**

PERSONAL INFORMATION			
Last Name	First Name	MI	Date of Birth (MMDDYYYY)
Department Name	Phone Number	IFSAC Seal #	Issue Date
	(     )		
Agency Mailing Address	City	State	ZIP Code

CONTINUING EDUCATION DOCUMENTATION			
To be eligible for currency, the candidate must have completed <b>80 hours</b> of continuing education in current applicable NFPA Standards 1033 and 921 during the five-year period prior to the certification expiration date. <i>(additional space provided on page 2)</i>			
Course	Date	NFPA Standard	Hours

By signing below, I certify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Candidate Name (Print)

THIS PORTION TO BE COMPLETED BY DEPARTMENT CHIEF OR EMPLOYING AUTHORITY	
Currently active as a Fire Investigator?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Current background check? (Or attach copy of current commission card)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Recommended for currency?	Yes <input type="checkbox"/> No <input type="checkbox"/>

By signing below, I certify that I have reviewed the application and all information is true and correct to the best of my knowledge.

\_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Fire Chief/Employing Authority Name (Print)

**Submit completed application at least 30 days prior to certification expiration to:**  
 E-mail: [ifsacquestions@wsp.wa.gov](mailto:ifsacquestions@wsp.wa.gov)

*** Fire Protection Bureau Use Only ***			
Date Received	Received By	Date Approved	Approved By

