



Washington State Patrol

STATE FIRE MARSHAL'S OFFICE

Serving Washington Since 1901



Fire Training Academy

Phone Number: (425) 453-3000 • E-Mail: FTARegister@wsp.wa.gov • Fax: (425) 888-3060

Open Enrollment Course Registration

COURSE INFORMATION

Please check **ONE** of the following courses, per the course registration form:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Fire Instructor 1 | <input type="checkbox"/> Fire Officer 1 | <input type="checkbox"/> Firefighter 2 Only | <input type="checkbox"/> Search and Rescue |
| <input type="checkbox"/> Fire Instructor 2 | <input type="checkbox"/> Fire Officer 2 | <input type="checkbox"/> Fire Control 1 | <input type="checkbox"/> Live Fire Instructor Course |

Course Start Date _____

HOUSING INFORMATION

Housing Requested: NO YES (if YES, please complete the dates below)

Check-In Date _____ Check-Out Date _____

STUDENT INFORMATION

First Name _____ Last Name _____

Agency Name/Fire Department (or Not Applicable) _____

Last Four SSN _____ Date of Birth _____ Title/Rank _____
(REQUIRED) MM/DD/YYYY (IF APPLICABLE)

Mailing Address _____
City _____ State _____ ZIP _____

Phone (____) _____ E-Mail _____

Gender: Female Male Firefighter Status: Career Volunteer N/A

Supervisor/Agency Contact _____ Title/Rank _____

Phone (____) _____ E-Mail _____

BILLING INFORMATION

Self-Pay **Please note, payment cannot be accepted prior to the first day of the course.**

Paying for: Course Housing

Payment Method: Credit/Debit (We are unable to accept American Express or Discover cards)

Department/Agency Payment **Departments will be invoiced for payment after training is completed.**

Paying for: Course Housing

Department/Agency Name _____

Billing Address _____

City _____ State _____ ZIP _____

Phone (____) _____ PO # _____ E-Mail _____
(IF APPLICABLE)

Authorizing Signature _____

Printed Name of Authorizing Signature _____ Date _____

RDDP or FTA Exp.

FTA Staff Authorizing Signature _____

Printed Name of Authorizing Signature _____ Date _____

Please return completed registration via e-mail to FTARegister@wsp.wa.gov



Candidate Application

REGISTERING FOR:

Written Exam

Proctor or Test Control Officer (TCO) must submit all candidate applications 14 days in advance to IFSACTESTREG@WSP.WA.GOV

Practical Exam

TCO must submit all candidate applications 14 days in advance of scheduled test date to IFSACTESTREG@WSP.WA.GOV.

Date of Exam	Location of Exam
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LEVEL: (Use one application for written and practical exams in the same level.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Hazardous Materials Awareness | <input type="checkbox"/> Fire Officer I | <input type="checkbox"/> Driver/Operator |
| <input type="checkbox"/> Hazardous Materials Operations | <input type="checkbox"/> Fire Officer II | <input type="checkbox"/> Driver/Operator Pumper |
| <input type="checkbox"/> Hazardous Materials Technician | <input type="checkbox"/> Fire Officer III | <input type="checkbox"/> Driver/Operator Aerial |
| <input type="checkbox"/> Firefighter I | <input type="checkbox"/> Fire Officer IV | <input type="checkbox"/> Driver/Operator Tiller |
| <input type="checkbox"/> Firefighter II | <input type="checkbox"/> Fire Inspector I | <input type="checkbox"/> Driver/Operator Mobile Water Supply |
| <input type="checkbox"/> Fire Instructor I | <input type="checkbox"/> Fire and Life Safety Educator I | <input type="checkbox"/> Driver/Operator ARFF |
| <input type="checkbox"/> Fire Instructor II | <input type="checkbox"/> Fire Investigator | <input type="checkbox"/> Airport Firefighter |

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 Proctor/TCO on the day of testing. Candidates who do not provide photo ID will not be allowed to test. All fields are required.

Last Name		Full Legal First Name		MI	FEMA SID					
Mailing Address			Apt. #	City		State	ZIP			
Contact Number	E-mail			Date of Birth			Last 4 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 for complying with the State Fire Marshal's Office's (SFMO) Fire Service Certification policies and procedures which will be outlined to me by the Proctor/TCO on the day of testing. I further acknowledge that I meet the testing requirements for the level(s) I am applying.

Candidate Signature _____
Date

THIS APPLICATION FORM MUST BE SUBMITTED TO THE TEST CONTROL OFFICER OR PROCTOR.

Candidates with questions regarding the testing process can be directed to the SFMO at IFSACQUESTIONS@WSP.WA.GOV or by telephone, (360) 596-3945.