



## 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](mailto: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](mailto: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](mailto:IFSACQUESTIONS@WSP.WA.GOV) or by telephone, (360) 596-3945.