Fire Apparatus Driver/Operator - Pumper
PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM

SECTION I

Last Name **First Name** **M.I.** **SSN (last 4 digits required)**

Street Address **City** **State** **Zip Code** **County**

Date of Birth **Home Phone** **Work Phone** **Test Date Requested**

Affiliation (Fire Department/Organization) **Candidate Email**

Street Address **City** **State** **Zip**

Section I (A): Please Read and Check One: A candidate should meet the requirements of NFPA 1582, Standard on Medical Requirements for Firefighters and information for Fire Department Physicians prior to physical testing to ensure his/her ability to safely perform the required tasks.

☐ I have read (or have had explained to me) and understand the job performance requirements for the Driver/Operator - Pumper certification test. I have no conditions which would preclude me from safely or effectively performing all the functions (practical skills and written test) and tasks for the level for which I am seeking national certification.

☐ | have read and/or have been explained and understand the job performance requirements for the Driver/Operator - Pumper Certification test. I will be submitting a request for accommodation for the written National Certification exam. I understand that I MUST contact the Certification Program Manager no later than two weeks prior to the Scheduled certification exam.

If you are not participating as a member of an emergency service organization, are you protected by an insurance carrier providing hospitalization and/or Workmen's Compensation in cause of injury? YES___ NO____

If YES, you will be required to show proof of insurance coverage with this application. If NO, you will be required to sign a release Waiver prior to taking any portion of the Certification exam.

By signing and dating of this document I certify that the information contained in this application and any attachments is accurate and complete to the best of my knowledge and submitted as true and correct in accordance with the OSFC/PSFA certification testing policy and in accordance with Pennsylvania Crimes Code*18 Pa C.S. 4904*, realing to unsworn falsifications to authorities.

Signature of Applicant **Date**

Test Site Official Use Only: Test Site:_____ Test Site Number:_____
Date Application Received at Test Site_____ Date Application Approved:_____
Candidate Number:_____ Written Exam Results ___ PASS ___FAIL Skills Exam Results ___ PASS ___FAIL

SECTION II

It is understood that the candidate registered on this form has done so with the full knowledge, consent and approval of the named organization on page one of this application; and is protected by an insurance carrier or the organization. Furthermore, I attest that the candidate meet the requirements as noted in number four as noted in Section I (a) of this application. Participation approved by:

_____

Signature of Chief Officer **Officer Title** **Date**

_____

Chief Officer Name (Print or Type) **Officer Title**

SECTION III

Act 168 of 2006 amended Title 18 (Crimes and Offenses) of the Pennsylvania Consolidated Statutes, Section 2, subsection (h) (1) Arson and related offenses reads:

"A person convicted of violating this section or any similar offense under Federal or State law shall be prohibited from serving as a firefighter in this Commonwealth and shall be prohibited from being certified as a firefighter under Section 4 of the Act of November 13, 1995 (P.L. 604, No.61), known as the State Fire Commissioner Act."

All individuals making application for certification testing must provide documentation of a background check. Proof of a non-conviction MUST consist of *either* of the following:

1. An official criminal history record check obtained pursuant to Chapter 91 (relating to criminal history record information) indicating no arson convictions.

   OR

2. By dating and signing of the following statement by the person swearing to the following:

   "I have never been convicted of an offense that constitutes the crime of "arson and related offenses" under 18 Pa.C.S 3301 or any similar offense under any Federal or State law. I herby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to penalties prescribed by law, including, but not limited to, a fine of at least $1,000.00"

   _____

   Signature of Certification Candidate

   _____ _____

   Name of Certification Candidate (please print or type) **Date**

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SECTION IV

CANDIDATE NAME_____ SOC. SEC. _____

- **NFPA 1002, CHAPTER 5 - 5.1** - FIRE FIGHTER CERTIFICATION:
  You must be certified at the Fire Fighter I level. Attach a copy of your Fire Fighter I certificate. **FIRE FIGHTER I CERTIFICATE NUMBER**:_____

- As the Authority Having Jurisdiction, I attest that that_____ has meet the competencies identified below that relate directly to the rules, regulations, and operations of this organization, and our pumper equipment.

  NFPA 1002 CHAPTER 4 - 4.2.2

  The operator has shown competency in departmental requirements for documenting maintenance performed, understanding the importance of accurate record keeping.

  Perform the specified routine tests, inspections, and servicing functions specified in the following list in addition to those contained in the list in 4.2.1, given a fire department pumper and its manufacturer's specifications, so that the operational status of the pumper is verified. Manufacturer specifications and requirements, policies, and procedures of the jurisdiction.

_____
FIRE CHIEF'S NAME (Please Print or Type) DATE

_____
FIRE CHIEF'S SIGNATURE

_____
ORGANIZATION

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Pre-Requisite Verification Form

Candidate Name: _____

My signature below indicates that I have read and understood the requirements of this program, Driver/Operator - Pumper I, and furthermore I meet the pre-requisites established by the Standard or the Authority Having Jurisdiction.

_____ I am 18 years of age or older;

_____ I have signed the Act 168 form or have provided an official criminal history record check obtained pursuant to Chapter 91;

_____ I have signed the application;

_____ I have had a chief officer sign in the required items in Section II and IV of this application;

_____ I have attached a copy of the Fire Fighter I certification;

_____ I have attached a copy of the Valid Driver's License;

_____ I have attached a copy of documents (CDL and/or EVOC course completion certificate) required for station(s) equivalency - if applicable.

Testing Assistance

_____ I am physically capable of completing the practical skill exercises.

_____ I am able to read and comprehend the written test and related materials.

_____ I will be submitting a request for accommodation for the National Certification exam. I understand that I **MUST** contact the Certification Program Manager no later than two weeks prior to the certification exam;

OR

_____ I will not be submitting a request for accommodation for National Certification exam.

_____ _____
Signature Date