Fire Apparatus Driver/Operator – Mobile Water Supply Apparatus
PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM
NFPA 1002-2009 Edition

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: Please Read and Check One:

□ l have read (or have had explained to me) and understand the job performance requirements for the Driver/Operator – Mobile Water Supply 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.

□ I have read (or have been explained to me) and understand the job performance requirements for the Driver/Operator – Mobile Water Supply 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.

Disclosure of your social security number is required. Your social security number is being solicited pursuant to Pennsylvania Crimes Code*18 Pa C.S. 4904 and* Act 168 of 2006 amended Title 18 [Crimes and Offenses] of the Pennsylvania Consolidated Statutes, Section 2, subsection (h) (1). The Office of the State Fire Commissioner/ Pennsylvania State Fire Academy only collects these numbers for tracking, processing of certifications and verification. Information is only shared where required to do so for and is not sold, bartered, rented or otherwise distributed.

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

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 III

Please Read and Complete all information:
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.

During your participation in certification testing, in the event of injury/illness are you protected by an insurance carrier providing hospitalization and/or Workmen's Compensation in? YES___ NO____ Please sign waiver below.

Liability Waiver

I, the undersigned, have hospitalization insurance and do hereby release the following individuals and organizations from any and all liabilities or causes of action for any injuries or illness incurred during or after my participation in the Voluntary Certification Program Test sponsored by the Office of the State Fire Commissioner/Pennsylvania State Fire Academy, Pennsylvania Emergency Management Agency and hosted by the

_____

(Name of Test Site)

The release covers all the aforementioned individuals and agencies as well as their agents, employees, or volunteers participating in this event.

This release covers all injuries or illnesses occurring during or as a result of the activities engaged in by the undersigned during the Voluntary Certification examination including any injuries which might result from physical abuse from third party participants or other individuals in or around the area where the examination is being conducted.

This release is intended to release all injuries, damages, or law suits to the undersigned person and property, whether known, unknown, foreseen, unforeseen, patent or latent which the undersigned may have against the Office of the State Fire Commissioner, the Pennsylvania Emergency Management Agency, the Host Entity, or its agents as listed above. The undersigned understands and acknowledges the significance and consequence of such specific intentions to release all claims, and hereby assumes full responsibility for any injuries, damages, or losses that may occur from the above mentioned event.

By signing and dating of this document I HEREBY acknowledge THAT I HAVE READ THE CONTENTS OF THIS waiver, and THAT I FULLY UNDERSTAND THE SAID CONTENTS OF THE RELEASE, AND THAT I HAVE SIGNED INTENDING TO BE LEGALLY BOUND.

_____
Candidate Name (Please Print)

_____ _____
Candidate Signature Date

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SECTION IV

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 **Section III** of this application. Participation approved by:

_____

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

_____

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

SECTION V

REQUIREMENT: Valid State issued Department of Transportation Driver's License. Please attach a copy of the following to this application for verification:

REQUIREMENT: NFPA 1002, Chapter 6, Section 6.1 – 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 Certification Number: _____

CHIEF'S ENDORSEMENT

As the Chief of Department of the Authority Having Jurisdiction (AHJ), I attest that _____ has meet the competencies identified below that relate directly to the rules, regulations, and operations of this organization, and our mobile water supply apparatus.

NFPA 1002 Fire Apparatus Driver/Operator Professional Qualifications (2003 edition)

4.2.2 Document the routine tests, inspections, and servicing functions, given maintenance and inspection forms, so that all items are checked for operation and deficiencies are reported.

4.3.6 Operate a vehicle using defensive driving techniques under emergency conditions, given a fire department vehicle and emergency conditions, so that control of the vehicle is maintained.

10.1.1Perform 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 mobile water supply apparatus, so that the operational readiness of the mobile water supply apparatus is verified.

1. Water tank and other extinguishing agent levels (if applicable)
2. Pumping system (if applicable)
3. Rapid dump system (if applicable)
4. Foam system (if applicable)

_____

FIRE CHIEF'S NAME (Please print) 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 – Mobile Water Supply 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 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.

_____ _____
Candidate Signature Date

Revised Feb. 2010