



**AFSC APPLICATION FOR CERTIFICATION
STATE OF ALASKA
DEPARTMENT of PUBLIC SAFETY
FIRE STANDARDS COUNCIL**



APPLICATION TYPE

<input type="checkbox"/> New	<input type="checkbox"/> Retest	<input type="checkbox"/> Reciprocity	<input type="checkbox"/> Grandfather	<input type="checkbox"/> Other _____
------------------------------	---------------------------------	--------------------------------------	--------------------------------------	--------------------------------------

APPLICATION LEVEL

<input type="checkbox"/> Firefighter -	<input type="checkbox"/> Hazardous Materials-	<input type="checkbox"/> Fire Officer-
<input type="checkbox"/> Fire Instructor-	<input type="checkbox"/> Driver Apparatus -	<input type="checkbox"/> Land-Based Marine FF
<input type="checkbox"/> Certified Fire Investigator	<input type="checkbox"/> AK Fire Investigator Tech (AKFIT)	<input type="checkbox"/> Airport Firefighter
<input type="checkbox"/> Rapid Intervention Crews	<input type="checkbox"/> Fire Life Safety Educator- <i>Select level</i>	<input type="checkbox"/> Other

PERSONAL INFORMATION

*****PRINT CLEARLY*****

First Name:		Middle Initial:	Last Name:	
Mailing Address:				
City:		State:	Zip Code:	
Cell/Contact Phone:		Work Phone:	DOB:	Age:
<i>A VALID EMAIL ADDRESS MUST BE LISTED TO RECEIVE AFSC CERTIFICATES</i>				
ID#		Email Address:		
The ID# is the last four numbers of the applicant's Social Security Number for AFSC, IFSAC, & ProBoard tracking.				
<input type="checkbox"/>	Check box to request a FFI or FFII collar pin for an additional fee of *\$10 & INITIAL HERE. <small>*Collar pins are only issued for AFSC FFI or FFII certification: See AFSC Certification Fee Schedule for details</small>			

DEPARTMENT OR EMPLOYER INFORMATION

Department/Employer:				
Address:				
City:		State:	Zip Code:	Dept. Phone:
Present Job/Rank/Affiliation:			Years of fire service experience.	

FIRE STANDARDS COUNCIL OFFICE USE ONLY

Pre-Requisite(s) Met.					
Date Received:	Exam Type:	Skills Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No	Exam Score:	Fee: \$	Fee Rec'd Date:
	Exam Type:	Skills Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No	Exam Score:		
Retest Received:	Exam Type:	Skills Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No	Exam Score:	Fee: \$	
	Exam Type:	Skills Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No	Exam Score:	Fee: \$	
FSC Approval Date:			Notes:		

