



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



APPLICATION TYPE

<input type="checkbox"/> New	<input type="checkbox"/> Reciprocity	<input type="checkbox"/> Retest <i>(complete level & personal info only)</i>
<input type="checkbox"/> Grandfather	<input type="checkbox"/> Other _____	

APPLICATION LEVEL

Firefighter -	<input type="checkbox"/> Hazardous Materials-	<input type="checkbox"/> Fire Officer-
Fire Instructor-	<input type="checkbox"/> Driver Apparatus -	<input type="checkbox"/> Land-Based Marine FF
Certified Fire Investigator	<input type="checkbox"/> AK Fire Investigator Tech (AKFIT)	<input type="checkbox"/> Airport Firefighter
Rapid Intervention Crew	<input type="checkbox"/> Fire Life Safety Educator-	<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:
A VALID EMAIL ADDRESS MUST BE LISTED TO RECEIVE AFSC CERTIFICATES				
Email Address:				
ID#:	The ID# is the first three letters of the last name and the last four numbers of the applicant's Social Security Number. This number is mandatory and for database 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 will only be issued if the applicant is applying 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

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:		

AFSC APPLICATION FOR CERTIFICATION

CERTIFICATION REQUIREMENTS

Each level of certification requires that a candidate complete certain requisites prior to certification. Requirements for each level of certification are included in the certification directive for each certification level. Before applying for certification, ensure that the individual is eligible for certification. The Certifying Officer assigned to the test site will review eligibility requirements before the AFSC permits a candidate to complete a final examination.

RECIPROCIITY

Reciprocity is honored in part (all requisite certification is required) and given only to those individuals who have been certified by an IFSAC or Pro-Board accredited agency and are an Alaska resident or a member of a registered Alaska fire department. For some certification levels, there may be Alaska specific steps for reciprocity certification.

EQUIVALENCY CHALLENGE

For an **equivalency challenge** request, contact the Fire Standards Council before submitting this application.

APPROVALS

Applicant

I attest that all the information above is accurate and that I have completed all requirements for the level of certification indicated. I authorize the Alaska Fire Standards Council access to my fire department files to verify my qualifications and credentials if and when they are needed. I authorize the release of my grade and/or score for this certification to my organization's Fire Chief, Training Program Manager, or the designated Written Test Contact, if applicable.

Applicant Signature: _____ **Date:** _____

ID Acknowledgement – Check ONE of the following as confirmation that:

- the CO has verified and documented my ID information on the Test Site Student Roster
- the AFSC Exam Proctor has verified and documented my ID information on the AFSC Test Site Student Roster
- I have attached a photocopy of my driver's license or official photo ID with this application

Training Officer/Fire Chief/Lead Instructor

I verify that the above information is true and complete. I attest that the applicant has met and performed all training requirements for certification eligibility and has the knowledge and competency for the requested level of certification.

Fire Chief/Training Officer: _____ **Date:** _____

Signature

Payment Method:

(DO NOT list credit card information here. Credit card payments can be processed after an AFSC invoice has been received)

- Check Cash PO # _____
- Bill/Invoice to: Department/Org. Email: _____
- Personal Email: _____

AFSC Admin Approval for Equivalency Challenge: _____ **Date:** _____

CERTIFYING OFFICER VERIFICATION (signature required for course completion tests only)

As an authorized Certifying Officer for the Fire Standards Council, I verify that the applicant has successfully completed the required final examination requirements for this level of certification. I also verify that I have reviewed the following items required for certification at the level indicated on the first page of this application.

- Verify Photo ID and Note On Test Site Student Roster and Minimum Age
- Alaska Resident or Member of Registered Fire Department
- Completed Training Record
Verify for each level of testing (e.g. FF & HMO)

Certifying Officer: _____ **Date:** _____

Signature

Return this application and related documentation to the mailing address or fax number listed at the bottom of this document. Email scanned documents to: dpsakfirestandards@alaska.gov