

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



APPLICATION TYPE New Retest **Equivalency Challenge** Reciprocity Grandfather APPLICATION LEVEL Firefighter -Hazardous Materials-Fire Officer-**Land-Based Marine FF** ☐ Instructor-☐Fire Apparatus-AK Fire Investigator Tech (AKFIT) Airport Firefighter Fire Investigator Rural Fire Protection-Other ☐ Rapid Intervention Crews -- REQUIRED -- PERSONAL INFORMATION ****PRINT CLEARLY**** First Name: Middle Last Name: Initial: Cell/Contact Phone: DOB: Age: VALID EMAIL ADDRESS FOR AFSC CERTIFICATE ISSUANCE ID Number*: Valid Email Address: *The ID# is the last four numbers of the applicant's Social Security Number for AFSC, IFSAC, & ProBoard tracking. -- REQUIRED -- DEPARTMENT OR EMPLOYER INFORMATION Department/Employer Name: -- OPTIONAL -- FIRE FIGHTER I & II PIN PURCHASE INITIAL HERE To request a FFI or FFII collar pin you must COMPLETELY fill out the following section. Collar pins are only issued for AFSC FFI or FFII certification. Each is \$10, see AFSC Certification Fee Schedule for discounts. Pin Shipping Address: City: State: Zip Code: – OFFICIAL USE ONLY BY THE ALASKA FIRE STANDARDS COUNCIL --**Pre-Requisite(s) Met:** Date Received: Exam Type: Skills Complete: Fee, Date, & Invoice #: Fee Rec'd Date: Exam Score: Yes No Exam Type: Skills Complete: Exam Score: Yes No Fee, Date, & Invoice #: Skills Complete: Retest Received: Exam Type: Exam Score: Fee Rec'd Date: Yes No Fee, Date, & Invoice #: Skills Complete: Retest Received: Exam Score: Fee Rec'd Date: Exam Type: □Yes □No Two retests per level before advisement candidate may require retraining, local authority determination. Fee, Date, & Invoice #: Retest Received: Skills Complete: Exam Score: Fee Rec'd Date: Exam Type: Yes No Fee, Date, & Invoice #: Retest Received: Skills Complete: Exam Score: Fee Rec'd Date: Exam Type: Yes No 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.

RECIPROCITY

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

1. 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.

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|--|----------------------------------|------------------------------------|---|---|
| Applicant Signature: _ | | | | Date: |
| Check | ONE - ID Ack | nowledgement | | |
| | OR The CO/E | Exam Proctor has | verified and documented | d my ID information on the Test Site Student Roster or official photo ID with this application |
| | I nave atta | acned a photocop | by of my driver's license | or official photo ID with this application |
| 2. Training Officer/Fi. I verify that the above information eligibility an | formation is true | and complete. I | | nas met and performed all training requirements for evel of certification. |
| Fire Chief/Training Officer: Signature | | | | Date: |
| Signature | | | | |
| PAYMENT METHOD | | | | |
| (DO NOT lis | t credit card infor | nation here. Credit | card payments can be proces | sed after an AFSC invoice has been received) |
| Check | Cash | | PO # | |
| ☐ Bill/Invoice <i>to □</i> : | ○Department | Org. Email: | | |
| | | | | |
| – OFFICIAL USE ONLY | | | | |
| APPROVAL OF EQUIVA | | | ÇIL. | |
| AFFROVAL OF EQUIVA | ALENCI CHAI | LLENGE | | |
| AFSC Administration: | | | | Date: |
| | | Sign | ature | |
| | ing Officer for tements for this | he Fire Standard level of certific | s Council, I verify that the cation. I also verify that | etion tests only) the applicant has successfully completed the required at I have reviewed the following items required for |
| ☐ Verify Photo ID, N Site Student Roster Minimum Age | | _ | Resident or Member of red Fire Department | Completed Training Record Verify for each level of testing (e.g. FF & HMO) |
| Certifying Officer: | | | | Date: |
| √ 8 <u>-</u> | | | ature | |

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