

State of Alaska
Department of Public Safety
OFFICE OF THE ALASKA STATE FIRE MARSHAL
Life Safety Inspection Bureau
Anchorage: (907) 269-5637 | Fairbanks: (907) 451-5200 | Juneau: (907) 456-4331
Email: dps.fireextinguishers@alaska.gov
Online Portal: <https://st-alaska-ak.smartgovcommunity.com/Public/Home>

PORTABLE FIRE EXTINGUISHER TECHNICIAN I PROCTOR REQUEST FORM

This form must be completed and submitted to the Life Safety Inspection Bureau office two (2) weeks prior to the exam date and is limited to one exam packet per request. Exam packets are issued ONLY to the proctor who will administer the exam in the local area. Test administrators must be a 3rd party person not taking the exam at the same time as the applicant. All requests must be in writing. The local test administrator is required to return complete exam packets via email to the Life Safety Inspection Bureau office within three (3) business days from the date issued. It is the applicant's responsibility to supply their own examination reference materials and find a test administrator in their local area who will administer the exam. If the applicant is within driving distance, he/she is required to contact one of our local offices to schedule an appointment.

PROCTOR INFORMATION

First and Last

Legal Name: _____

Position Title: _____

Department/Division/Agency: _____

INCLUDE AREA CODE: Cell Work

Phone Number: _____

PO Box or Physical INCLUDING City, State, Zip

Mailing Address: _____

Email Address: _____

APPLICANT INFORMATION

First, MI or NMN (No Middle Name), Last, Suffix

Legal Name: _____

MM/DD/YY

Date of Birth: _____

EXAM INFORMATION

INCLUDING City, State, Zip

Physical Address: _____

Requested Exam Date: _____

PROCTOR ACKNOWLEDGEMENT, SIGNATURE AND DATE

As an applicant to proctor the Portable Fire Extinguisher Technician I exam, I agree to proctor this exam in compliance with applicable Life Safety Inspection Bureau policies and procedures, and I declare under penalty of perjury that this application is true and correct.

Signature/Date: _____

OFFICIAL USE

Date received: _____

Date & Time exam packet emailed: _____

Email address: _____

Expected return date: _____

Date packet received: _____