

This information is gathered to correctly identify candidates for certification and to evaluate the certification program. Information is being collected solely for the purpose listed above in accordance with the Freedom of Information and Protection of Privacy Act.

Last name			Given names			Rank			
Address: (street number and name)						(apartment/unit number)			
(city)		(province)		(postal code)		Telephone No. (include area code)		Fax Number (include area code)	
Employer (use the four/six digit local code)			Address: (street number and name)						(apartment/unit number)
(city)		(province)		(postal code)		Telephone No. (include area code)		Fax Number (include area code)	
If you are successful in obtaining certification, please indicate how you wish your name to appear on your certificate <i>(please print)</i>									

Information for evaluation purposes

Age range:		<input type="checkbox"/> 18-29 years		<input type="checkbox"/> 30-49 years		<input type="checkbox"/> 50 or over		Sex F / M		Years of service		<input type="checkbox"/> Full-time		<input type="checkbox"/> Volunteer		<input type="checkbox"/> Part-time		
Education: state highest level completed in terms of years completed																		
<input type="checkbox"/> Elementary _____				<input type="checkbox"/> Secondary _____				<input type="checkbox"/> Community college _____				<input type="checkbox"/> University _____						

Confirm completion of the following criteria for certification

➤ Fire Prevention Officer Diploma			<input type="checkbox"/> Yes		<input type="checkbox"/> No		OR	➤ Certificate of Equivalency			<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, date received : _____							If yes, date received : _____							
<input type="checkbox"/> I give permission for the Certification Office to confirm my results with Test Bank Unit							<input type="checkbox"/> Job Experience Requirement Performance Checklist (Sign-off sheet only)							

I certify that the foregoing statements are true. I am aware that if any of the foregoing statements are willfully false, certification may be denied, revoked or suspended.

Signature of individual	Date
Signature of Fire Chief (mandatory)	Date

Note: The Certification Office will notify you within thirty (30) working days of receipt of your Application for Certification if certification has been granted or has been denied, with the reason.

Date received	Cheque number	Registration number
Documentation checked by secretary of Certification Office	Date forwarded to Council Chairperson	Date forwarded to Fire Marshal
Certificate number	Date mailed	Not granted: date notification sent

Return completed form to: Chairperson, Certification Council, Academic Standards & Evaluation Section, Office of the Fire Marshal, 5775 Yonge Street, 7th Floor, North York, Ontario, M2M 4J1