

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.

Title (please print)			Last name		Given names	
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 (please print)						

**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 firefighter	<input type="checkbox"/> Volunteer firefighter
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 requirements for certification.** Check all appropriate boxes.

<input type="checkbox"/> Minimum 3 years experience as a Company Officer (or Acting Company Officer)	
<input type="checkbox"/> Company Officer Diploma. Date received: ____/____/____ Enclose OFC letter of confirmation (MM / DD / YR )	<input type="checkbox"/> Certificate of Equivalency Date received: ____/____/____ Enclose OFC letter of confirmation (MM / DD / YR )
<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	Date

**For Office Use Only**

Date received	Cheque number	Certification number
Documentation checked by secretary of Certification Office	Date Reviewed by Council Chairperson	Certification Awarded

FM CERT 01 (06/02)

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