

FIREFIGHTER 1

Certification Application Form



1. SSN Number: _____ State DFS-ID Number: _____ (If previously issued – e.g., 111111) Name: _____ Address: _____ City, State, Zip: _____ Telephones: Home: _____ Work: _____ Email: _____ Fire Dept. Name: _____ Date of Birth: _____ Gender/Race: <input type="checkbox"/> Male <input type="checkbox"/> Female Race: <input type="text"/> Certified EMT? <input type="checkbox"/> (Check if EMT) (Use Codes on 2nd Page)	For Official Use Only	
	Received: _____	
	Returned: _____	
	Received 2: _____	
	Date Issued: _____	
	By: _____	
	ID: <input style="border: 2px solid black;" type="text"/>	

2. Attach a photocopy of your birth certificate or driver's license, course certificates, fire department declaration, or other documents which verify that you satisfy the certification requirements identified for Firefighter 1. Please note that certification will not be issued unless documentation has been received and validated. Please review Application Form Instructions on the back of this page.

3. CERTIFICATION REQUIREMENTS – FIREFIGHTER 1

A. Be at least 18 years of age;

B. Meet any **ONE** of the following certification options. Please check which requirement you meet for certification.

- Shall have been an active member of a fire department for a period of not less than 18 months prior to July 1, 1994. The member must have performed the duties and function of a structural firefighter during the 18 months of active service. Proof of active membership in a fire department shall be verified by a letter from the fire chief of the department on department letterhead. Photo copy of a New Jersey Firemen's Association "Certificate of Exemption" will be accepted as meeting the 18 months of active firefighter experience in place of a letter from the fire chief; **or**
- Shall have completed between January 1, 1989 and July 1, 1994, a Firefighter 1 recruit training program which meets or exceeds the Firefighter 1 recruit training standards found in N.J.A.C. 5:73-4.2 through 4.4(b); **or**
- Has successfully completed a Firefighter 1 recruit training course approved by the Office of Training and Certification.

4. Application Fee: No fee is required. Effective October 20, 2003 the application fee associated with the Firefighter 1 application has been eliminated.

5. I do hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Applicant's Signature: _____ Date: _____

Application Form Instructions

Please type or print clearly on the application form.
Certification will not be issued unless documentation is received and validated.

Section

1. Enter your Social Security Number (SSN) (e.g., 123-45-6789) and six digit Firefighter Identification Number (FFID) (e.g., 111111), if previously issued to you. The collection of the SSN is **mandatory**, and is collected under authority of N.J.S.A. 54:50-24 et seq. and Administrative Rule N.J.A.C. 5:3-1.2. The mandatory provision requires the collection of your SSN which enables both the Division of Fire Safety within the Department of Community Affairs and the Division of Taxation within the Department of Treasury to conduct more efficiently, the necessary background check before issuance, denial, renewal, suspension or revocation of a certification.

Provide your name, home address, contact telephone numbers and email address. In addition, please provide your fire department name, date of birth, gender, race, and whether you hold a valid Emergency Medical Technician (EMT) certification issued by the NJ Department of Health. *Note: Please do not use your fire department address.*

Please use the following code numbers to indicate your race/national origin which best applies to your ancestral heritage. (**Providing this information is voluntary.**)

<u>Code</u>	<u>Description</u>
01	American Indian or Alaskan Native
02	Asian or Pacific Islander
03	Black, not of Hispanic origin
04	White, not of Hispanic origin
05	Hispanic

2. Attach a photocopy of your birth certificate or driver's license, course certificates, fire department declaration, or other documents which verify that you satisfy the certification requirements identified for Firefighter 1. Please note that certification will not be issued unless documentation has been received and validated.
3. CERTIFICATION REQUIREMENTS – FIREFIGHTER 1
 - A. Be at least 18 years of age;
 - B. Meet any **ONE** of the following certification options:
 - Option 1: Shall have been an active member of a fire department for a period of not less than 18 months prior to July 1, 1994. The member must have performed the duties and function of a structural firefighter during the 18 months of active service. Proof of active membership in a fire department shall be verified by a letter from the fire chief of the department on department letterhead. Photo copy of a New Jersey Firemen's Association "Certificate of Exemption" will be accepted as meeting the 18 months of active firefighter experience in place of a letter from the fire chief; **or**
 - Option 2: Shall have completed between January 1, 1989 and July 1, 1994, a Firefighter 1 recruit training program which meets or exceeds the Firefighter 1 recruit training standards found in N.J.A.C. 5:73-4.2 through 4.4(b); **or**
 - Option 3: Has successfully completed a Firefighter 1 recruit training course approved by the Office of Training and Certification.
4. Application Fee: No fee is required. Effective October 20, 2003 the application fee associated with the Firefighter 1 application has been eliminated.
5. The application form must be signed and dated. Forward the application form and supportive documentation to:

CONTACT INFORMATION

Questions about Firefighter certification requirements and procedures should be directed to the staff of the Office of Training and Certification at (609) 777-3552 from 8:30 a.m. to 4:00 p.m., Monday through Friday.

**Attn: Firefighter Certification
Office of Training and Certification
Division of Fire Safety
P.O. Box 809
Trenton, NJ 08625-0809**