

FIREFIGHTER 2

Certification Application Form



1. State DFS-ID Number: _____ (e.g., 111111) Name: _____ Address: _____ City, State, Zip: _____ Telephones: Home: _____ Work: _____ Cell: _____ 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: _____	

2. CERTIFICATION REQUIREMENTS – FIREFIGHTER 2

A. Be at least 18 years of age;

B. Meet **all** of the following certification requirements:

- Shall possess a Firefighter 1 certification issued by the Office of Training and Certification, in accordance with N.J.A.C. 5:73-4.3(a); and,
- Shall successfully pass a Firefighter 2 written examination administered by the Office of Training and Certification; and,
- Shall meet any **ONE** of the following:
 1. Shall have successfully completed, prior to January 1, 2008 a Firefighter 2 course of instruction; **or**
 2. Have a minimum of 5 years of fire service experience as a firefighter prior to January 1, 2008; **or**
 3. After January 1, 2008, successfully complete a Firefighter 2 course of instruction approved in accordance with N.J.A.C. 5:73-4.3(b).

3. **SUBMITTAL INSTRUCTIONS:** Attach a photocopy of the following: birth certificate or driver's license; Firefighter 1 certification certificate; Firefighter 2 written exam completion certificate; provide documentation that you have either successfully completed prior to January 1, 2008 a Firefighter 2 course of instruction (submit course completion certificate), or have a minimum of 5 years experience as a firefighter prior to January 1, 2008 (submit a letter from the Chief of the Department on Department Letterhead), or after January 1, 2008 submit proof that you successfully have completed a Firefighter 2 course of instruction approved in accordance with N.J.A.C. 5:73-4.3(b). 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.

4. **APPLICATION FEE:** No fee is required.

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. Provide your DFS-ID number, name, home address, contact phone 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. You must meet the Firefighter 2 certification requirements as adopted by Rule found at N.J.S.A. 5:73-4.29b).
3. Attach a photocopy of the following: birth certificate or driver's license; Firefighter 1 certification certificate; Firefighter 2 written exam completion certificate; provide documentation that you have either successfully completed prior to January 1, 2008 a Firefighter 2 course of instruction (submit course completion certificate), or have a minimum of 5 years experience as a firefighter prior to January 1, 2008 (submit a letter from the Chief of the Department on Department Letterhead), or after January 1, 2008 submit proof that you successfully have completed a Firefighter 2 course of instruction approved in accordance with N.J.A.C. 5:73-4.3(b). Please note that certification will not be issued unless documentation has been received and validated.
4. Application Fee: No fee is required.
5. The application form must be signed and dated. Forward the application form and supportive documentation to:

**Attn: Firefighter 2 Certification
Office of Training and Certification
Division of Fire Safety
P.O. Box 809
Trenton, NJ 08625-0809**

CONTACT INFORMATION

Questions about Firefighter 2 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.