



OFFICE OF THE STATE FIRE MARSHAL
 Division of Personnel Standards and Education
 1035 Stevenson Drive
 Springfield, IL 62703-4259

APPLICATION FOR CERTIFICATION/VALIDATION-ATTESTATION SHEET

APPLICANT'S NAME: _____ **LAST 8 DIGITS OF DL#** XXXX-_____

FIRE DEPARTMENT MEMBERSHIP: _____

PLEASE PRINT

NOTE: All course and experience certification prerequisites must be met, according to appropriate Section of Ill. Administrative Code – Refer to JCAR website for certification requirements <http://www.ilga.gov/commission/jcar/admincode/041/04100141sections.html>

If course completion is not listed on the Portal, Transcripts or Completion Records (non-credit delivery) must be attached to Application for Certification.

Check Level of Certification Requested:

- | | |
|--|---|
| <input type="checkbox"/> Basic Operations Firefighter | <input type="checkbox"/> Rescue Specialist-Confined Space |
| <input type="checkbox"/> Advanced Technician Firefighter | <input type="checkbox"/> Trench Operations |
| <input type="checkbox"/> Haz. Mat. First Responder-Operations | <input type="checkbox"/> Trench Technician |
| <input type="checkbox"/> Haz. Mat. Technician | <input type="checkbox"/> Structural Collapse Operations |
| <input type="checkbox"/> Haz. Mat. Incident Command | <input type="checkbox"/> Structural Collapse Technician |
| <input type="checkbox"/> Fire Service Vehicle Operator | <input type="checkbox"/> Vehicle/Machinery Operations |
| <input type="checkbox"/> Fire Apparatus Engineer | <input type="checkbox"/> Vehicle/Machinery Technician |
| <input type="checkbox"/> Fire Service Instructor I | <input type="checkbox"/> Rope Operations |
| <input type="checkbox"/> Fire Service Instructor II | <input type="checkbox"/> Rope Technician |
| <input type="checkbox"/> Fire Service Instructor III | <input type="checkbox"/> Water Operations |
| <input type="checkbox"/> Fire Officer I (expires 6/30/2019) | <input type="checkbox"/> Airport Firefighter |
| <input type="checkbox"/> Provisional Fire Officer I (expires 6/30/2019) | <input type="checkbox"/> Youth Firesetter Intervention Specialist |
| <input type="checkbox"/> Fire Officer II (expires 6/30/2019) | <input type="checkbox"/> Fire Service Executive Support |
| <input type="checkbox"/> Provisional Fire Officer II (expires 6/30/2019) | <input type="checkbox"/> Fire Investigator |
| <input type="checkbox"/> Company Fire Officer | <input type="checkbox"/> Arson Investigator |
| <input type="checkbox"/> Advanced Fire Officer | <input type="checkbox"/> Fire Inspector I |
| <input type="checkbox"/> Training Program Manager | <input type="checkbox"/> Fire Inspector II |
| <input type="checkbox"/> Fire Department Incident Safety Officer | <input type="checkbox"/> Basic Fire Prevention Officer |
| <input type="checkbox"/> Fire Dept. Health & Safety Officer | <input type="checkbox"/> Advanced Fire Prevention Officer |
| <input type="checkbox"/> Fire Department Safety Officer | <input type="checkbox"/> Haz. Mat. Technician A (expires 6/30/2019) |
| <input type="checkbox"/> Public Fire and Life Safety Educator I | <input type="checkbox"/> Haz. Mat. Technician B (expires 6/30/2019) |

This form is to be signed by the School Director, Instructor AND employing Fire Chief before submission to Office for certification.

By my signature as a **School Director and qualified Instructor** of the Authority Having Jurisdiction, I attest that all course objectives have been taught all cognitive and practical skills successfully accomplished, and that records exist and are available for review by the Division of Personnel Standards and Education.

School Director or Employing Fire Chief - Print and Sign Name **Date**

XXXX-

Qualified Instructor – Print and Sign Name **Date** **Last 8 Digits of DL#**

By my signature as **employing Fire Chief**, I certify this individual is an employee of my fire department meeting specifications in 50 Illinois Compiled Statutes (ILCS) 740/2, Illinois Fire Protection Training Act. I attest that this applicant has exhibited experience and documentation exists supporting the appropriate Illinois Administrative Code. All certification training requirements for this individual have been met, applicable practical skill evolutions have been successfully accomplished, and training records exist substantiating this documentation and are available for review by the Division of Personnel Standards and Education.

Employing Fire Chief – Print and Sign Name **Date**