

# *Request for Examination*

(Specify ONE level of test here)



Office of the State Fire Marshal  
Div. of Pers. Stnds and Education  
1035 Stevenson Dr.  
Springfield, Ill 62703-4259

**Fire Department/School:**

**Phone:**

(      )

**Address:**

**Fire Department/School Having Current Course Approval:**

By my signature below as Fire Chief/School Director, I certify that all firefighter certification training requirements as established by the Division of Personnel Standards and Education have/will have been met for the individuals requesting the examination. As Fire Chief/School Director, I certify that all individuals are fire protection personnel meeting 50 ILCS 740§.

Check the appropriate box below

As Fire Chief, I further certify that Fire Department records exist for each individual covering all training requirements; e.g., subject areas, practical skill examinations. By my signature, I further certify that this request form serves as a partial roster of current members of my department.

As School Director I further certify that all firefighter certification training requirements as established by the Division of Personnel Standards and Education have/will have been met for the individuals requesting the examination.

**Fire Chief/School Director Printed Name:**

**Fire Chief/School Director Drivers License #:**

**Fire Chief/School Director Signature:**

**Qualified Instructor Printed Name:**

**Qualified Instructor Drivers License #:**

**Qualified Instructor Signature:**

## FIREFIGHTER EXAMINATION REQUESTED DATES AND LOCATIONS:

	<b>Date</b>	<b>Location</b>	<b>Time</b>
<b>1<sup>st</sup> Choice</b>			
<b>2<sup>nd</sup> Choice</b>			
<b>3<sup>rd</sup> Choice</b>			
<b>4<sup>th</sup> Choice</b>			

SPECIFY LEVEL OF EXAM	<b>For Office Use Only</b>
	Request Number:

**Please print all information clearly**

NAME	DL #	FD	FDID
1.			
*Home Address		Paid <input type="checkbox"/> POC <input type="checkbox"/> VOL <input type="checkbox"/>	Date Entered Fire Service
2.			
*Home Address		Paid <input type="checkbox"/> POC <input type="checkbox"/> VOL <input type="checkbox"/>	Date Entered Fire Service
3.			
*Home Address		Paid <input type="checkbox"/> POC <input type="checkbox"/> VOL <input type="checkbox"/>	Date Entered Fire Service
4.			
*Home Address		Paid <input type="checkbox"/> POC <input type="checkbox"/> VOL <input type="checkbox"/>	Date Entered Fire Service
5.			
*Home Address		Paid <input type="checkbox"/> POC <input type="checkbox"/> VOL <input type="checkbox"/>	Date Entered Fire Service
6.			
*Home Address		Paid <input type="checkbox"/> POC <input type="checkbox"/> VOL <input type="checkbox"/>	Date Entered Fire Service