



WATER TECHNICIAN - APPLICATION FOR CERTIFICATION

APPLICANT'S NAME: _____ D.L. # _____

Home Address: _____

FIRE DEPT. MEMBERSHIP: _____ Phone () _____

Address: _____ Date: _____

NOTE: All course and experience certification prerequisites must be met, according to appropriate Section of Ill. Administrative Code.

Completion Certification or Proof of Course must be attached.

List of approved courses located on OSFM website, www.state.il.us/osfm/PSandE or available upon request from the Division.

Check Level of Certification Requested:

- 141.374 Swift Water Technician
- 141.373 Ice Technician
- 141.375 Watercraft Technician*

- 141.376 Dive Technician**
- 141.377 Ice Dive Technician**

*As specified by the Ill. Admin. Code 141.375, completion of an approved Illinois Department of Natural Resources or U.S. Coast Guard approved on-line Boat Safety Course must be attached. A qualified instructor must sign this application when applying for Watercraft Technician.

****RE-CERTIFICATION REQUIREMENTS FOR ALL DIVE AND/OR ICE DIVE TECHNICIANS**

Re-certification is required every four years

(The following requirements must be completed **annually**. All training documentation must be kept at the employing fire department training files following Division of Personnel Standards and Education's policy and procedures.)

- A) Fitness test defined by NFPA 1006 and 1670;
- B) NFPA Watermanship Skills as defined by NFPA 1006 and 1670;
- C) Basic Skills Evaluation – Pool Session as defined by NFPA 1006 and 1670; and
- D) Four documented Open-Water Training Dives (to be defined by the authority having jurisdiction and must include one ice dive for Ice Dive Technician)

I attest that all information and documentation on or attached to this application is accurate.

Applicant's Signature

Date

By my signature as a **Qualified Instructor** of the Authority Having Jurisdiction for **Water Technician**, 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.

Qualified Instructor's Signature

DL#

Date

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

Date