Utah Fire Service Certification Council CERTIFICATION / RECERTIFICATION REQUEST

Department Information				
The following department/participating agency listed on this form.	requests that the Ut	ah Fire Service Certification Council certify / recertify the individual		
Department / Agency Name:		Date:		
Certification or Recertification				
(Place an "X" in the box that applies)	Certification	Recertification		
Requi	red Documen	tation and Signatures		
For CERTIFICATION , the chief or administra	ator of the organizat	tion shall attest and sign for the conditions listed.		
By my signature below, I certify that departm	nent records exist	to support each individual listed on this form:		
 4. Successfully passed the state certification ski 5. Has met all other requirements for the level to 6. Is a member and in good standing with the do 7. Has not been convicted of a felony, capital convicted of a felony. 	ritten exam for the lasive skills exam as ills exam for the level being examined as separtment or organizime, or a felony plant.	evel of certification being requested described in the certification standard (where applicable) rel of certification being requested (where applicable) specified in the certification standard zation		
By my signature below, I certify that departm	nent records exist	to support each individual listed on this form:		
years. 4. Has met all other requirements for the recertification.	or the levels of certiours of training each ification of levels re			
Chief/Administrator / Training Officer Signature				
Chief / Administrator Name (typed or printed)		Training Officer Name (typed or printed)		
Department / Agency Mailing Address		Chief / Training Officer Daytime Telephone #		
City State	ZIP	Chief / Training Officer Email Address		

Please sign and return to: **Utah Fire Service Certification Council** c/o Utah Fire and Rescue Academy 3131 Mike Jense Parkway Provo UT 84601 Email the certification specialist for your area

Chief / Training Officer Email Address

City

Website: UVU.edu/UFRA Phone: 801-863-7709

Utah Fire Service Certification Council CERTIFICATION / RECERTIFICATION REQUEST

Department/Agency Name	Date

Complete ALL fields requested. For recertification, enter "RECERT" in the Level Requested field.

Applicant's Full Name	PID	Date of Birth (mm/dd/yyyy)	Level Requested
1.		//	
2.		//	
3.		//	
4.		//	
5.		//	
6.		//	
7.		//	
8.		//	
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20.		//	
21.		//	
22.		//	