## STATE FIRE TRAINING
Certification Examination Retake Application

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**Identification**

Date: ______

Candidate:  

SFT ID Number:  

Mailing Address:  

Phone (Home):  Phone (Mobile):  

Email:  

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**Previous Failed Exam Information**

Certification Examination Title: **Fire Fighter I Certification Exam**

### Skills Examination Information

- ☐ 1st Retake (Only one retake is permitted)

### Written Examination Information

- ☐ 1st Retake  ☐ 2nd Retake (Only 2 retakes are permitted)

Date taken:  

Lead Evaluator:  

Location:  

Module(s):  

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*SFT procedures authorize two written certification test retakes and one skills test retake within one year of the original test date(s).*  

Submit to: **Certification Exam Coordinator**

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**State Fire Training Action**

Candidate’s request to retake certification exam(s) is:  

- Approved ☐  
- Denied ☐  

State Fire Training Authorized Signature:  

Date:  

Printed Name:  

Title:  

January 2016  

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