



STATE FIRE TRAINING

Certification Examination Retake Application



Date: _____

Identification

Candidate: _____

SFT ID Number: _____

Mailing Address: _____

Phone (Home): _____ Phone (Mobile): _____

Email: _____

Previous Failed Exam Information

Certification Examination Title: _____

<u>Skills Examination Information</u>	<u>Written Examination Information</u>
<input type="checkbox"/> 1 st Retake (Only one retake is permitted)	<input type="checkbox"/> 1 st Retake <input type="checkbox"/> 2 nd Retake (Only 2 retakes are permitted)
Date taken:	Date taken:
Lead Evaluator:	Lead Evaluator:
Location:	Location:
	Module(s):

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](#)

State Fire Training Action

Candidate's request to retake certification exam(s) is: Approved Denied

State Fire Training Authorized Signature

Date

Printed Name: _____

Title: _____