



Firefighter II Certification Application



Identification

Candidate: _____

SFT ID Number: _____

Mailing Address: _____

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

Phone (Work): _____ Email: _____

Agency Name: _____

Agency County: _____

Prerequisites

Certification

1. Document the certifying agency, certification number, and completion date for the job function certification. Or document the appropriate exception.
2. Submit verification for any job function certification issued by an agency other than State Fire Training.

Certification	Certifying Agency	Certification Number	Completion Date
Firefighter I			

Education

1. Document the completion of each required course.
2. Submit a course completion certificate for the course listed below.

Course	Completion Date (listed on certificate)
Firefighter II	

Certification Examinations

1. Document the examination date and your score.
2. Submit verification of certification exam completion for any exam offered by an agency, institution, or organization other than State Fire Training.

Exam	Examination Date	Score
Firefighter II Skills Exam		
Firefighter II Written Exam		

Authorities

1. Print name, sign, and date the candidate statement.

Candidate: _____
Candidate's Printed Name

I, the undersigned, am the person applying for a Firefighter II certification. I hereby certify under penalty of perjury under the laws of the State of California, that all information contained in this application is true in every respect. I understand that misstatements, omissions of material facts, or falsification of information or documents may be cause for rejection.

Candidate's Signature

Date