



# CERTIFICATION EXAMINATION (2013)

## Scheduling Request Form

Upload all request forms and rosters through the [SFT User Portal](#).

### Scheduling Information:

Module	Type	Dates (*Include Time)	Retake Dates (*Include Time)	# of Students	Advertise (Y or N)	Approval Code <b>(SFT USE ONLY)</b>
<b>Fire Fighter</b>	*Written					
	Skills					
<b>HazMat</b>	*Written					
	Skills					
<b>Wildland</b>	*Written					
	Skills					

### Agency and Evaluator Information:

Hosting Agency: \_\_\_\_\_  
 Facility Name & Address: \_\_\_\_\_  
 Lead Evaluator & SFT ID#: \_\_\_\_\_  
 Lead Evaluator Email: \_\_\_\_\_  
 Lead Evaluator Phone: \_\_\_\_\_  
 Contact Name/Email: \_\_\_\_\_  
 Website (if advertising): \_\_\_\_\_

### Billing Information:

Delivery Format: \_\_\_\_\_  
 Bill to Agency/Person: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_

### Invoice Information (SFT USE ONLY):

Type	Registration Fee	Number of Candidates	Retakes \$10 each	Total Price	Billing Code 0198-____-413500-413500007
Written	\$10 / \$20 / \$30		\$	\$	
Skills	\$10 / \$20 / \$30		\$	\$	



# CERTIFICATION EXAMINATION (2013) Scheduling Request Form

Upload all request forms and rosters through the [SFT User Portal](#).

---

## Skills Evaluator Roster

Lead Evaluator: \_\_\_\_\_

Last Name	First Name	SFT ID#	Email