



CERTIFICATION COURSE NOTIFICATION FORM
STATE OF ALASKA
DEPARTMENT of PUBLIC SAFETY
FIRE STANDARDS COUNCIL

Check box to acknowledge course start is 30 or more days from date of submittal.

Course

<input type="checkbox"/> Firefighter I	<input type="checkbox"/> Firefighter II	<input type="checkbox"/> Haz-Mat Awareness	<input type="checkbox"/> Haz-Mat Operations
<input type="checkbox"/> Fire Instructor-level _____	<input type="checkbox"/> Fire Officer-level ____	<input type="checkbox"/> FLS Educator - level ____	<input type="checkbox"/> Driver Oper.-level ____
<input type="checkbox"/> Rapid Intervention Tech	<input type="checkbox"/> Airport Firefighter	<input type="checkbox"/> CFI	<input type="checkbox"/> AK FIT
<input type="checkbox"/> Emergency Vehicle Driver	<input type="checkbox"/> Basic Firefighter	<input type="checkbox"/> Other: _____	

Course Information

Department/Agency:	Mailing Address:	Department Contact Information: Phone: Fax:
Course Start Date:	Course End Date:	Number of Students for Final Exam:
Date & Time of WRITTEN Exam: (Estimated written exam time is 3 hours) Date: _____ Time: _____		Physical Location of WRITTEN Examination:
Date & Time of PRACTICAL Exam: (Estimated FFI practical exam time is 9 hours) Date: _____ Time: _____		Physical Location of PRACTICAL Examination:

Course Contacts

Primary Course Coordinator (Accreditation Manager/Training Officer with overall training program responsibility):		
Name:	Work Phone:	Email:
	Cell Phone:	
Test Site Coordinator (CO contact for planning and assistance at final exam test site; if different from above contact):		
Name:	Work Phone:	Email:
	Cell Phone:	
Contact for Notification of Written Test Results (complete only if different than Primary Course Coordinator):		
Name:	Work Phone:	Email:
	Cell Phone:	

Special notes:

- Additional test fees apply for classes with less than five (5) candidates. Contact the AFSC office for specifics
- The AFSC cannot test candidates under the age of 18 on the date of the test
- Testing is only available for accredited agencies with preapproved programs

Affidavit

As a representative of an agency accredited by the Training and Education Bureau and Alaska Fire Standards Council to conduct the above course for fire certification I affirm that I have the necessary tools, equipment, and instructional resources to deliver this course. I will maintain compliance with applicable TEB/AFSC policies and procedures.

Primary Course Coordinator: _____ *Signature* **Date:** _____

Fire Standards Council Office Use Only

Assigned Certifying Officer/Date Assigned:	Contact Information for Certifying Officer:	Test Number:
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