

# NOVA SCOTIA FIRE SERVICE PROFESSIONAL QUALIFICATIONS BOARD

## Certification Examination Application

### SECTION 1 – EXAMINATION DATA

Print legibly and completely based on the instructions and enter the examination name, ex., Firefighter I / II

Examination: \_\_\_\_\_

If you are taking this examination for the first time, Check below.

Full Examination

Any retake of portion(s) of this examination, check the Appropriate box(es) below.

Written Only

Practical Only

Examination Date: \_\_\_\_\_ Location: \_\_\_\_\_

### SECTION 2 – APPLICANT DATA

Enter the following information. Name will appear on your certificate as it is printed below.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm / dd / yyyy

Home Address: \_\_\_\_\_  
Street or Post Office Box City Province Postal Code

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

### SECTION 3 – FIRE SERVICE AFFILIATION

I am a member of one or more of the following:

- A municipal fire department in the Province of Nova Scotia, compensated or uncompensated.
- A non-municipal organization whose sole function is to provide services equivalent to a municipal fire department to an industry in the Province of Nova Scotia, compensated or uncompensated.
- Full-time, civilian (non-military) members of military fire departments on installations which are located within the Province of Nova Scotia.
- Members of municipal fire departments in provinces other than Nova Scotia.

Current Department or Organization Name: \_\_\_\_\_

### SECTION 4 – ENTRANCE CRITERIA

Enter examination prerequisite certification level, if appropriate. If using NSFS Recruit Program to fulfill criteria, enter "NSFS Graduate" and graduation date.

Prerequisite Level of Certification:

#### FF Level I Requirements

<u>Subject</u>	<u>Date granted</u>
Level "C" First Aid	_____
Hazmat Awareness Certification	_____

#### Fire Officer Level I Requirements

FF Level II	_____
Fire Instructor Level I	_____

#### FF Level II Requirements

<u>Subject</u>	<u>Date Granted</u>
Level "C" First Aid	_____
Hazmat Operations	_____
FF Level I	_____

#### Fire Officer Level II Requirements

Fire Officer Level I	_____
Level "C" First Aid	_____

**NOVA SCOTIA FIRE SERVICE PROFESSIONAL QUALIFICATIONS  
BOARD**

**PROTECTIVE CLOTHING COMPLIANCE FORM**

In accordance with Nova Scotia Fire Service Professional Qualification Board policy, this form must be completed for each person who applies for any Firefighter level or Hazardous Materials Technician certification examination.

Block "A" **OR** Block "B" must be completed by the appropriate party.

**BLOCK "A"**

My endorsement in this block indicates that the turnout gear which is brought to the certification examination by \_\_\_\_\_ has been  
(print candidate's name)  
purchased by this department and at the time of purchase it complied with the following standards:

NFPA 1971 – Standard on Protective Clothing for Structural Firefighting  
Full Ensemble includes – Helmet  
Protective Hood  
Coat, trousers, gloves and boots

\_\_\_\_\_  
Chief of Department Signature

\_\_\_\_\_  
Date

**BLOCK "B"**

My endorsement in this block indicates that the turnout gear which is brought to the certification examination by me \_\_\_\_\_ has been  
(print candidate's name)  
purchased by me and at the time of purchase it complied with the following standards:

NFPA 1971 – Standard on Protective Clothing for Structural Firefighting  
Full Ensemble includes – Helmet  
Protective Hood  
Coat, trousers, gloves and boots

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*(This form is required for any Firefighter level OR Hazardous Materials Technician examination.)*

**NOVA SCOTIA FIRE SERVICE PROFESSIONAL QUALIFICATION  
BOARD**

**MEDICAL AUTHORIZATION FOR CERTIFICATION**

**NAME** \_\_\_\_\_ **DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **PROVINCE** \_\_\_\_\_ **POSTAL CODE** \_\_\_\_\_

The above named applicant for fire Service Certification in the Province of Nova Scotia has no known medical or physical conditions which would prevent participation in any or all of the physical activities which may be required by the practical skills demonstration portions of NFPA 1001 or NFPA 472.

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

\_\_\_\_\_  
DATE

OR

\_\_\_\_\_  
FIRE CHIEF

\_\_\_\_\_  
DATE