National Certification Application Form

Personal Information

First Name MI Last Name

Home Address Home City

Home Phone Work Phone Mobile Phone

Email Address

Fire Dept. or Organization

Date of Birth (Month/Date/Year)

State Zip Code

FAX: 785-864-9044

Return Application to:
Kansas Fire & Rescue Training Institute
ATTN: Certification
1515 St. Andrews Drive
Lawrence, Kansas 66047-1625
E-mail: kufire@ku.edu

Certification Category & Level

Please CHECK ONLY ONE the category/level of certification for which you are applying per registration form. For certification pre-requisites, please refer to the KF&RTI web site (http://kufire.ku.edu/firefighter-certification).

- Fire Fighter I* (includes HazMat Awareness & Operations)
- Driver/Operator-Aerial
- HazMat Awareness
- Fire Inspector I
- Fire Officer I
- Rope Rescue – Level I
- Confined Space – Levels I&II*
- Fire Fighter II*
- Driver/Operator-ARFF
- HazMat Operations*
- Fire Service Instructor I
- Fire Officer II
- Rope Rescue – Level II
- Structural Collapse Rescue – Levels I&II*

* Indicates a level that requires verification of SCBA Fit Testing. See statement below.

Please contact KF&RTI at toll free at 866-804-8841 or refer to web site for the certification fee schedule.

Technical Rescuer (NFPA 1006, 2013 edition, Chapter 5)

- Technical Rescuer – if you are registering for a Technical Rescuer test site (commonly known as “NFPA 1006, Chapter 5”) please complete the following portion. This information is required to take the qualification test. There is NO FEE for this test.

Select One:

- 1st Responder
- EMT
- Paramedic
- EMS Cert. No.
- Expiration Date:

Payment Method

Each application must be accompanied by payment of appropriate certification fees. Approved methods of payment are listed below. Please indicate the method of payment you will use. Please do not send cash.

- Payment enclosed (check or money order)
- Bill my department or organization.

- I wish to pay with a credit card. Please contact me for the information. My contact phone number is (include area code):

Special Accommodation

- If you need special accommodation, please check the box preceding this statement & you will be contacted by a staff member.

Applicant’s Verification

I verify that I have reviewed the certification guidelines as stated in the Kansas Fire & Rescue Training Institute Certification Criteria and Procedures document and agree to conform to those guidelines. I further verify that all information submitted on this form is accurate.

Applicant’s Signature

Verification Authority

I verify the person listed on this form has been fit tested as per OSHA 29 CFR Part 1910.134. This form must be signed by the person conducting the fit test, the Fire Chief, or the Authority Having Jurisdiction. (Required forFFI, FFII, HM Ops, HM Tech, Airport FF.)

Signature of Verification Authority

Revised May 2017