West Virginia State Fire Commission

FIRE FIGHTER EQUIVALENCY APPLICATION

THIS FORM MUST BE COMPLETED BY THE APPLICANT AND SUBMITTED WITH THE VERIFICATION OF FIRE FIGHTING TRAINING. INCOMPLETE FORMS WILL NOT BE PROCESSED.

APPLICANT INFORMATION			
LAST NAME	FIRST NAME		MI
HOME ADDRESS		PO BOX	
CITY	STATE	ZIP CODE	COUNTY OF RESIDENCE
HOME PHONE NUMBER	WORK PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS
DATE OF BIRTH	STATE OR MILITARY BRANCH WHERE CERTIFIED		

INDICATE LEVEL OF FIRE CERTIFICATION FOR WHICH YOU ARE SEEKING EQUIVALENCY

☐ **FIRE FIGHTER ONE** ☐ **FIRE FIGHTER TWO**

1. Did you complete a fire fighter training program in another state or with The DOD	☐ YES	☐ NO
2. Were you issued IFSAC or Pro Board certification for this training?	☐ YES	☐ NO
3. Was this training in a structured course?	☐ YES	☐ NO
4. Did you pass a written examination to obtain certification at the completion of the course?	☐ YES	☐ NO
5. Did you pass a practical examination to obtain certification at the completion of the course?	☐ YES	☐ NO
7. Did you complete the National Incident Management System IS-100 and IS-700	☐ YES	☐ NO
courses approved by FEMA? (Attach certificate, if yes.)	☐ YES	☐ NO
8. Do you have a current certification in First Aid and CPR (Attach card, if yes.)	☐ YES	☐ NO
9. Has your certificate as a fire fighter ever been suspended or revoked?	☐ YES	☐ NO

WV FIRE DEPARTMENT YOU ARE AFFILIATED WITH:

CHIEF'S NAME PRINTED CHIEF'S SIGNATURE

YOU MUST ALSO ATTACH COPIES OF TRAINING FOR FIRE FIGHTING, PROOF OF COMPLETION OF NIMS TRAINING AND VERIFICATION OF TRAINING FORM. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

FIRE EQUIVALENCY APPLICANTS

I attest that all information provided in this application package is true and accurate to the best of my knowledge.

X

SIGNATURE OF APPLICANT DATE

RETURN COMPLETED FORMS TO:

Attn: Certification and Reciprocity
WV Public Service Training Wheeling Office
30 G.C. &P. Road
Wheeling WV 26003

OR

Attn: Certification and Reciprocity
WVU State Fire Academy
2600 Old Mill Road
Weston WV 26542

VERIFICATION OF FIRE FIGHTING TRAINING

THIS FORM MUST BE COMPLETED BY THE STATE CERTIFYING AGENCY, OR THE AGENCY UNDER WHICH THE CERTIFICATION WAS ISSUED, AND THEN RETURNED TO THE CANDIDATE IN A SEALED ENVELOPE WITH THE SIGNATURE OF THE AGENCY OFFICIAL ACROSS THE SEAL. ONCE RETURNED, THE CANDIDATE MUST SUBMIT THE SEALED ENVELOPE TO RESA OR WVU-FSE, ALONG WITH THE OTHER FORM AND REQUESTED DOCUMENTATION.

APPLICANT INFORMATION		
LAST NAME	FIRST NAME	MI

Did the applicant complete a fire fighter certification program under your jurisdiction?	☐ YES	☐ NO
Were they issued an IFSAC or Pro Board certification?	☐ YES	☐ NO
Did the training meet NFPA 1001 guidelines?	☐ YES	☐ NO
Did the training include a live burn per NFPA 1001 Chapter 5?	☐ YES	☐ NO
Did the applicant pass a practical examination to obtain certification at the completion of the course?	☐ YES	☐ NO
Did the applicant pass a written examination to obtain certification at the completion of the course?	☐ YES	☐ NO
Was certification issued for this training?	☐ YES	☐ NO
Has any disciplinary action ever been taken against this person by your jurisdiction?	☐ YES	☐ NO

IF YES, PLEASE PROVIDE DETAILS

PLEASE INDICATE TOPICS AND HOURS INCLUDED IN THE TRAINING AND/OR ATTACH A SYLLABUS WITH TOPICS AND HOURS

SUBJECT	HOURS	SUBJECT	HOURS
☐ Fire Department Organization & History		☐ Fire Suppression	
☐ Fire Service Communication		☐ Fire Detection, Suppression Systems & Sprinkler Operations	
☐ Fire Behavior		☐ Fire Prevention, Public Education & Fire Cause Determination	
☐ Portable Extinguishers		☐ Wild Land & Ground Fires	
☐ Fire Fighter Survival		☐ Overhaul and Salvage	
☐ Fire Fighter Safety, PPE & SCBA		☐ Haz-Mat Awareness/Operations NFPA 472	
☐ Forcible Entry		☐ First Aid	
☐ Ventilation		☐ CPR	
☐ Ropes & Knots		☐ Incident Management System **(FF2 requirement)**	
☐ Ladders		☐ Fire Fighter Rehabilitation **(FF2 requirement)**	
☐ Fire Streams, Nozzles and Foam		☐ Pre Incident Planning **(FF2 requirement)**	
☐ Water Supply		☐ Vehicle Rescue and Extrication **(FF2 requirement)**	
☐ Vehicle Fires and Scene Awareness		☐ Assisting Special rescue Teams **(FF2 requirement)**	
		TOTAL COURSE HOURS	

PRINT VERIFIER'S NAME		TITLE	
VERIFIER'S SIGNATURE		AGENCY	
ADDRESS	DATE	PHONE NUMBER	
CITY		STATE	ZIP CODE

INCOMPLETE FORMS WILL NOT BE PROCESSED