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**STATE OF WEST VIRGINIA - OFFICE OF THE STATE FIRE MARSHAL
 COURTESY FIREFIGHTER CERTIFICATION FORM**

This form is to be completed by certified firefighters from states bordering West Virginia (OH, KY, VA, MD, PA) wishing to seek courtesy certification in the State of West Virginia pursuant to the terms and provisions of West Virginia Code §29-3-5e, as amended by SB 625 in 2018 Regular Session of the West Virginia Legislature.

LAST NAME			FIRST NAME		MIDDLE INITIAL	DATE OF BIRTH MM/DD/YYYY	LAST FOUR OF SSN
STREET ADDRESS			CITY / TOWN		STATE	ZIP CODE	PHONE
OUT OF STATE FIRE DEPARTMENT AFFILIATION			CITY / TOWN		STATE	ZIP CODE	PHONE
DATE JOINED THE FIRE DEPARTMENT			CURRENT RANK OR POSITION		YEARS OF SERVICE	YOUR E-MAIL ADDRESS	
FIRE CHIEF'S NAME			FIRE CHIEF'S CONTACT PHONE		ALT. CONTACT NO.	FIRE CHIEF'S E-MAIL ADDRESS	

***HAS YOUR CERTIFICATION AS A FIREFIGHTER IN ANOTHER STATE EVER BEEN REVOKED FOR ANY REASON? YES NO

IF YOU ANSWERED "YES" ABOVE, PLEASE ATTACH A LETTER PROVIDING A DETAILED ACCOUNT OF THE CERTIFICATION REVOCATION.

ARE YOU NIMS COMPLIANT? (IF NOT, RECOMMENDED TO COMPLETE NIMS 100, 200, 700, 800) YES NO

DO YOU MEET THE TRAINING REQUIREMENTS RECOGNIZED IN THE NEIGHBORING STATE YOU'VE BEEN CERTIFIED IN? YES NO

ARE YOU IN GOOD STANDING AS A FIREFIGHTER IN THE STATE OH, KY, VA, MD, PA? YES NO

Please review the list of firefighter related training below and provide a response to each of the listed training courses. Not being trained in a particular area does not necessarily preclude certification. Courtesy certification will only allow a firefighter to operate at a level consistent with their training. The West Virginia State Fire Marshal reserves the right to revoke courtesy certification if it determines that a firefighter has exceeded their scope of training and/or has performed in a reckless, negligent, and/or malicious manner. PLEASE ATTACH ANY AND/OR ALL CERTIFICATES HELD IN SUPPORT OF THIS APPLICATION.

NAME OF TRAINING	CERTIFYING AGENCY / ENTITY	DATE COMPLETED	EXPIRATION DATE - IF APPLICABLE	SFMO USE ONLY - VERIFIED
CPR				
FIRST AID				
FIREFIGHTER I - PRO BOARD / IFSAC				
FIREFIGHTER II - PRO BOARD / IFSAC				
FIRE OFFICER I - PRO BOARD / IFSAC				
FIRE OFFICER II - PRO BOARD / IFSAC				
HAZARDOUS MATERIALS AWARENESS				
HAZARDOUS MATERIALS OPERATIONS				
HAZARDOUS MATERIALS TECHNICIAN				
EMERGENCY VEHICLE OPERATIONS (8 HR)				
EMERGENCY VEHICLE OPERATIONS (16 HR)				

CERTIFIED FIREFIGHTER COURTESY CERTIFICATION FORM - PAGE 2

Pursuant to W. Va. Code §29-3-5e, I, _____ do hereby request courtesy certification as a firefighter.

By signing below, I hereby certify and affirm that the information contained in this courtesy certification application is true and correct to the best of my ability. My signature below authorizes the West Virginia State Fire Marshal and/or his/her designee to request documents and/or records, make inquiries and/or otherwise validate and/or verify the information contained in this application. My signature below authorizes the full and complete release and/or disclosure by any Federal, State, County, and/or Private agency and/or entity of any and/or all of my fire department and/or emergency services training record(s), certificates, and/or transcripts to the West Virginia State Fire Marshal's Office for the purpose and intent of verifying the information contained in this application. My signature is my acknowledgement that I understand that any false information submitted may be grounds for the denial of courtesy certification under §29-3-5e of the West Virginia Code.

APPLICANT CHECKLIST

	YES	NO
1. Have you reviewed the application in its entirety?		
2. Have you answered all items accurately and/or to the best of your ability?		
3. Have you attached any and/or all applicable training certificates and/or records?		

SIGNATURE OF APPLICANT	PRINTED NAME OF APPLICANT	DATE
SIGNATURE OF WITNESS	PRINTED NAME OF WITNESS	DATE

NOTE: If changes occur to the applicant's information, it must be provided to our office ASAP to keep the applicant's information updated and current.

SFMO OFFICE USE ONLY

DATE APPLICATION RECEIVED:				
APPLICATION STATUS:	APPROVED	DENIED	PENDING	OTHER
APPROVAL EXPIRATION DATE*:		*This process has to be renewed every TWO years.		

COMMENTS:

APPLICATION ASSIGNED TO: _____

APPLICATION REVIEWED BY: _____