



# West Virginia State Fire Commission

## FIREFIGHTER 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			
<input type="checkbox"/> FIRE FIGHTER ONE		<input type="checkbox"/> FIRE FIGHTER TWO	
1. Did you complete a fire fighter training program in another state or with The DOD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
2. Were you issued IFSAC or Pro Board certification for this training?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
3. Was this training in a structured course?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
4. Did you pass a written examination to obtain certification at the completion of the course?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
5. Did you pass a practical examination to obtain certification at the completion of the course?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
7. Did you complete the National Incident Management System IS-100 and IS-700 courses approved by FEMA? (Attach certificate, if yes.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
8. Do you have a current certification in First Aid and CPR (Attach card, if yes.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
9. Has your certificate as a fire fighter ever been suspended or revoked?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>WV FIRE DEPARTMENT YOU ARE AFFILIATED WITH:</b>			
CHIEF'S NAME PRINTED		CHIEF'S SIGNATURE	
<b>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.</b>			
<b>FIRE EQUIVALENCY APPLICANTS</b>			
I attest that all information provided in this application package is true and accurate to the best of my knowledge.			
<b>X</b>			
SIGNATURE OF APPLICANT		DATE	

**RETURN COMPLETED FORMS TO:**

Attn: Certification and Reciprocity  
 WVPST - Wheeling  
 c/o WVNCC Wheeling Campus  
 1704 Market Street, Room 405  
 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 WVPST 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?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Were they issued an IFSAC or Pro Board certification?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did the training meet NFPA 1001 guidelines?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did the training include a live burn per NFPA 1001 Chapter 5?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did the applicant pass a practical examination to obtain certification at the completion of the course?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did the applicant pass a written examination to obtain certification at the completion of the course?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Was certification issued for this training?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has any disciplinary action ever been taken against this person by your jurisdiction?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>IF YES, PLEASE PROVIDE DETAILS</b>			
PLEASE INDICATE TOPICS AND HOURS INCLUDED IN THE TRAINING AND/OR ATTACH A SYLLABUS WITH TOPICS AND HOURS			
SUBJECT	HOURS	SUBJECT	HOURS
<input type="checkbox"/> Fire Department Organization & History		<input type="checkbox"/> Fire Suppression	
<input type="checkbox"/> Fire Service Communication		<input type="checkbox"/> Fire Detection, Suppression Systems & Sprinkler Operations	
<input type="checkbox"/> Fire Behavior		<input type="checkbox"/> Fire Prevention, Public Education & Fire Cause Determination	
<input type="checkbox"/> Portable Extinguishers		<input type="checkbox"/> Wild Land & Ground Fires	
<input type="checkbox"/> Fire Fighter Survival		<input type="checkbox"/> Overhaul and Salvage	
<input type="checkbox"/> Fire Fighter Safety, PPE & SCBA		<input type="checkbox"/> Haz-Mat Awareness/Operations NFPA 472	
<input type="checkbox"/> Forcible Entry		<input type="checkbox"/> First Aid	
<input type="checkbox"/> Ventilation		<input type="checkbox"/> CPR	
<input type="checkbox"/> Ropes & Knots		<input type="checkbox"/> Incident Management System (FF2 requirement)	
<input type="checkbox"/> Ladders		<input type="checkbox"/> Fire Fighter Rehabilitation (FF2 requirement)	
<input type="checkbox"/> Fire Streams, Nozzles and Foam		<input type="checkbox"/> Pre Incident Planning (FF2 requirement)	
<input type="checkbox"/> Water Supply		<input type="checkbox"/> Vehicle Rescue and Extrication (FF2 requirement)	
<input type="checkbox"/> Vehicle Fires and Scene Awareness		<input type="checkbox"/> Assisting Special rescue Teams (FF2 requirement)	
<b>TOTAL COURSE HOURS</b>			
PRINT VERIFIER'S NAME		TITLE	
VERIFIER'S SIGNATURE		AGENCY	
ADDRESS	DATE	PHONE NUMBER	
CITY	STATE	ZIP CODE	

**INCOMPLETE FORMS WILL NOT BE PROCESSED**