

**STATE FIRE COMMISSION
WV TEMPORARY FIRE OFFICER CERTIFICATION
SUBMISSION FORM**

CURRENT RANK: _____

DESIRED RANK: _____

NAME: _____

ADDRESS _____ CITY: _____ ZIP: _____

PHONE #: _____ EMAIL: _____

YEARS OF FIRE SERVICE EXPERIENCE: _____

SIGNATURE OF APPLICANT: _____

Submit a copy of either your transcript, Firefighter 1 and 2, any and all Fire Officer certifications to show your current level of training.

DEPARTMENT AFFILIATION: _____

ADDRESS: _____ CITY: _____ ZIP: _____

FIRE CHIEF: _____

CHIEF'S PHONE #: _____ EMAIL: _____

SIGNATURE OF FIRE CHIEF , BOARD PRESIDENT OR MAYOR:

_____ DATE: _____

FIRE COMMISSION APPROVAL: YES _____ NO _____

CHAIRMAN'S SIGNATURE: _____ DATE: _____