



West Virginia State Fire Commission

FIRE FIGHTER EQUIVALANCY 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 EQUIVALANCY			
<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	
WV FIRE DEPARTMENT YOU ARE AFFILIATING WITH:			
CHIEFS 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 EQUIVALANCY 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
 RESA Public Service Training
 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. INCOMPLETE FORM WILL NOT BE PROCESSED.

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
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
<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)	
TOTAL COURSE HOURS			
PRINT VERIFIER'S NAME		TITLE	
VERIFIER'S SIGNATURE		AGENCY	
ADDRESS	DATE	PHONE NUMBER	
CITY	STATE	ZIP CODE	