

**Send completed CFPS application to:
CFPS c/o NFPA Certification Dept.
1 Batterymarch Park, Quincy, MA 02169
(P) 617-984-7484 (F) 617-984-7127
Email: cfps@nfpa.org
Web Page: www.nfpa.org/certification**



For Internal Use Only

Date Postmarked: _____
 Database: _____ Payment Rcvd: _____
 New: _____ Retest: _____
 Meets eligibility criteria: _____
 NFPA: _____ CBT: _____ Private: _____

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TYPE OR PRINT ALL INFORMATION - INCOMPLETE APPLICATIONS WILL BE RETURNED

Name: _____ Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

(√ One) **PLEASE SELECT only ONE OF THE FOLLOWING CFPS EXAM OPTIONS**

COMPUTER BASED TEST: The CFPS examination is available on demand as a computer-based test at test assessment centers throughout the United States, Canada and Puerto Rico. Upon receipt of the CFPS examination application and test fee, the applicant will receive their authorization letter with instructions on how to schedule the computer-based exam. A list of Computer-based test centers and a sample computer based test are located at the test administrator's website at www.isoqualitytesting.com.

PAPER AND PENCIL FORMAT the CFPS examination is offered in paper & pencil format from **8am-11am** on the following dates: ***Please submit application at least 4 weeks prior to test date.***

2010 Exam Dates - Please select date choice.

- | | |
|--|--|
| <input type="checkbox"/> February 17, 2010 Houston, TX | <input type="checkbox"/> May 19, 2010 Indianapolis, IN |
| <input type="checkbox"/> March 24, 2010 Baltimore, MD | <input type="checkbox"/> June 7, 2010 Las Vegas, NV |
| <input type="checkbox"/> May 12, 2010 Quincy, MA | <input type="checkbox"/> June 23, 2010 Ft. Lauderdale, FL |
| <input type="checkbox"/> May 12, 2010 Nashville, TN | <input type="checkbox"/> December 8, 2010 Garden Grove, CA |

Please visit www.nfpa.org/certification for the most current CFPS application

CURRENT EMPLOYMENT

Company Name: _____ Dates of Employment: _____ to present

Company Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

Title and Job Description: _____

Field of Expertise: _____

Supervisor's Name (Print): _____ Title: _____

I verify that _____ is performing the duties and responsibilities as identified above.

Signature of Supervisor _____ Date _____

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VERIFICATION OF ELIGIBILITY CRITERIA

(√ one) Candidates must meet one of the following criteria to be eligible to take the CFPS examination.

1. High school diploma, plus s years of verifiable work experie dedicated to curtailing fire loss, both physical and financial.

Resume required.

2. Associate's degree in engineering, technology or other related discipline from an accredited college or university, plus four years verifiable work experience dedicated to curtailing fire loss, both physical and financial.

Copy of College Diploma or Transcript AND Resume required.

3. Bachelor's degree in engineering, technology, or other related discipline from an accredited college or university, plus two years of verifiable work experience dedicated to curtailing fire loss, both physical and financial.

Copy of College Diploma or Transcript AND Resume are required.

The CFPS Practice Examination (Item # CFPS-PE) can be purchased from NFPA Customer Sales at 800-344-3555 or online at the NFPA Online Catalog at www.nfpa.org. The NFPA Fire Protection Handbook, 19th ed., and CFPS Practice Examination is also available as a set.

PAYMENT INFORMATION

Certification Exam Fee: \$350.00

Please Note: We DO NOT accept Purchase Orders

Amount Enclosed \$ _____

Check. *(Please make checks payable to NFPA Certification Department)*

Credit Card: MasterCard VISA Discover American Express

Credit Card # : _____ Card Exp. Date: _____

Name on Card: _____ Signature: _____

Please Note: No shows forfeit all application fees.

AFFIRMATION AND AUTHORIZATION: I agree to inform and release to the CFPS or its agents all pertinent information related to situations that arise in connection with my application and/or certification, both now and in the future. I understand the CFPS reserves the right to verify any and all information in this application or in connection with my certification. Therefore, I understand and agree that my failure to provide accurate, true and correct information, respond to authorized CFPS requests for additional information, or abide by CFPS policies, procedures or Code of Ethics shall constitute grounds for rejection of my application or denial or revocation of my certification. I understand the demographic information provided on this application is confidential and will be used for aggregate purposes only. I understand that I am prohibited from transmitting information regarding examination questions or content in any form to any person or entity, and understand that failure to comply with this prohibition may result in my certification being revoked and/or legal action being taken against me. I understand that my name, address and contact information will become part of the registry of the CFPS upon successful completion of the examination, unless I specifically request that my name not be released.

(Signature) _____ (Date) _____