

**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: _____

CFPS RE-TEST APPLICATION: PRINT ALL INFORMATION (Page 1 of 1)

INCOMPLETE APPLICATIONS WILL BE RETURNED

Name: _____ Email: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____ Home Phone: _____
 Business/Organization: _____
 Business Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____

(√ 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

PRIVATE PROCTORED EXAM (Minimum of Five Exam Applicants)

Exam Date: _____ Exam Site: _____ Proctor: _____

CFPS Retest Fee - \$ 125.00 – Please Note: we do not accept Purchase Orders

- 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) _____

The CFPS Practice Examination can be purchased through NFPA Customer Sales at 800-344-3555 or online at the NFPA Online Catalog at www.nfpa.org.

Summary of Recertification Points Form



Certified Fire Protection Specialist

Please mail only this completed form to:
CFPS
C/O NFPA Certification Department
1 Batterymarch Park
Quincy, MA 02169

*See note below regarding supporting documentation.

Telephone: 617-984-7484 Fax: 617-984-7127 Email: cfps@nfpa.org
 Web Page: www.nfpa.org/certification

Please indicate below the address for which you would like to receive correspondence.

Name _____ Certificate # _____
 Address _____
 City _____ State _____ Zip Code _____
 Telephone _____ Fax _____ Email _____

Check if this is a change of address Current Certification Period Ending _____
 Month/Year

Check if you wish to be listed on the official CFPS Web Site Membership Directory

**Note: Credit is permitted only for those points earned during the three-year recertification period. You must document at least fifty (50) points in accordance with the Recertification Requirements Table to maintain certification. Do not submit documentation of your points at this time. However, it is important that you maintain your documentation in the event you are selected for a random audit. You will then be required to provide this documentation.*

Category	Points Claimed

TOTAL POINTS CLAIMED *(Total from all categories)* _____

I attest that the above claimed points are accurate and reflect my professional development during the recertification period. I understand that I need to maintain documentation of these points for possible submission in the event I am audited.

 Name

 Date