

# CERTIFIED FIRE INSPECTOR II PROGRAM TRANSFER APPLICATION

**Send completed application to:**  
**NFPA Certification Department**  
**1 Batterymarch Park, Quincy, MA 02169**  
**(P) 617-984-7497 (F) 617-984-7127**  
**Email: [cfi@nfpa.org](mailto:cfi@nfpa.org)**  
**Web Page: [www.nfpa.org/certification](http://www.nfpa.org/certification)**



**For Internal Use Only**  
 Date Received: \_\_\_\_\_  
 Database: \_\_\_\_\_ Payment Rcvd: \_\_\_\_\_  
 Meets eligibility criteria: \_\_\_\_\_

**(TYPE OR PRINT ALL INFORMATION; INCOMPLETE APPLICATIONS WILL BE RETURNED)**

Applicant Name			
	As name will be printed on Certificate	Work Phone	
Business/Organization		Home Phone	
Applicant Address		Fax	
	_____ Residence _____ Business	E-Mail	
City/Town			
State/Province			
Zip/Country Code		Country	

**The CFI-II Transfer requirements are:**

- Meet CFI-II Eligibility Requirements
- Submit Proof of Current Certification in a Recognized Fire Inspector II Certification Program  
(Copy of certificate from current CFI II certification required)
- Complete and submit CFI-II Transfer Application and Application Fee

**Once approved for CFI-II Transfer, the applicant will receive the necessary documents to complete the transfer into CFI-II Program.**

- Complete 3 Inspection Exercises, described in the *CFI-II Applicant Handbook*
- Complete Recertification Requirement – 60 recertification points as described in the *CFI-II Applicant Handbook*

I, \_\_\_\_\_, certify that all information contained in this application, is accurate and truthful, to the best of my knowledge, and that I am aware that any false entry will be considered sufficient cause for revocation of my certification at any time during the certification term. I agree that at any time during the term of certification any improper conduct on my behalf will result in my certification being revoked. 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 agree to accept the decision of the NFPA as to my eligibility for certification. I authorize verification of all information in this application. I also release all concerned from any liability arising from this application or certification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment has been attached for the following (CHECK ALL THAT APPLY):**

- US \$250 CFI-II Transfer Application Fee

Total 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: \_\_\_\_\_