

# CERTIFIED FIRE INSPECTOR I 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 _____	Work Phone _____
_____	_____
As name will be printed on Certificate	
Business/Organization _____	Home Phone _____
Applicant Address _____	Fax _____
_____ Residence _____ Business	
City/Town _____	E-mail _____
State/Province _____	
Zip/Country Code _____	

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

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

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

- Complete 3 inspection exercises as described in the *CFI Candidate Handbook*

**Additionally, I have chosen to complete one of the following. (Select only one)**

- Complete the CFI-I Recertification Requirement – 60 recertification points as described in the *CFI-I Candidate Handbook*. **-OR-**
- Complete the CFI Case Studies as described in the *CFI-I Candidate 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 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: \_\_\_\_\_