

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
Web Page: 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 _____ _____ _____ Residence _____ Business	Fax _____ _____
City/Town _____	E-mail _____
State/Province _____ _____	Zip/Country Code _____ Country _____

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*

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)*
- Purchase Order PO# _____ *(Please enclose copy of PO)*
- Credit Card: MasterCard VISA Discover American Express

Credit Card #: _____ Card Exp. Date: _____

Name on Card: _____ Signature: _____

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 a committee hearing to determine if my certification should be revoked. 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: _____

NFPA Certification Department