

# 2009 CERTIFIED FIRE PLAN EXAMINER PROGRAM 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)

**BUSINESS INFORMATION**

**Business/Organization:** \_\_\_\_\_  
**Business Address** \_\_\_\_\_  
 \_\_\_\_\_  
**City/Town** \_\_\_\_\_  
**State** \_\_\_\_\_  
**Country** \_\_\_\_\_  
**Zip Code** \_\_\_\_\_  
**Phone** \_\_\_\_\_  
**Fax** \_\_\_\_\_  
**E-Mail** \_\_\_\_\_

**HOME INFORMATION**

**Home Address** \_\_\_\_\_  
 \_\_\_\_\_  
**City/Town** \_\_\_\_\_  
**State** \_\_\_\_\_  
**Country** \_\_\_\_\_  
**Zip Code** \_\_\_\_\_  
**Phone** \_\_\_\_\_  
**Fax** \_\_\_\_\_  
**E-Mail** \_\_\_\_\_

- I have attained the minimum of high school diploma or equivalency education.  
 I understand that I will have to complete the Self-Study-Program.

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: \_\_\_\_\_

**The following fee is attached: Additional fee for international shipping may apply.**

- US \$300 Fee includes Self-Study Certification Materials and *Written Examination*.  
*NOTE: Does not include any Testing Center Fee*
- US \$ 90 Certified Fire Plan Examiner Program **Reference Set** of NFPA Codes and Standards.  
 The Reference Set includes: NFPA 1, 2009 Ed; NFPA 13, 2007 Ed;  
 NFPA 72, 2007 Ed; and NFPA 101, 2009 Ed.

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: \_\_\_\_\_

