

# CERTIFIED FIRE PLAN EXAMINER TRANSFER APPLICATION

Send completed application to:  
**NFPA Certification Department**  
1 Batterymarch Park, Quincy, MA 02169  
(P) 617-984-7497 (F) 617-984-7127  
Email: [cfpe@nfpa.org](mailto:cfpe@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 CFPE Transfer requirements are:

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

### Once approved for CFPE Transfer, the applicant will receive the necessary document to complete the transfer in the CFPE Program.

- Complete 3 plan reviews, (1 site and 2 non-site) which are described in the *CFPE Candidate Handbook*.
- Complete the Recertification Requirement – 60 recertification points

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: \_\_\_\_\_