

CERTIFIED FIRE INSPECTOR I, II and FIRE PLAN EXAMINER 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
www.nfpa.org/certification



Application for Transfer from recognized Certified Fire Inspector I and II and
 Fire Plan Examiner Programs into the NFPA CFI-I, CFI-II and CFPE Programs
STATES WHO HAVE ADOPTED NFPA-1 and the UNIFORM FIRE CODE
 With jurisdictions having a population of at least 500,000

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	
		Country	

Please select – Please use one application per program:

- Certified Fire Inspector I
 Certified Fire Inspector II
 Certified Fire Plan Examiner

Submittal steps:

- Meet CFI-I, II or CFPE Eligibility Requirements
 Proof of Current Certification in a Recognized Certified Fire Inspector I, Certified Fire Inspector II, or Certified Fire Plan Examiner Program. (Copy of certificate must accompany application.)
 Complete and submit Transfer Application and Application Fee

Once approved for CFI-I, CFI-II or CFPE Transfer, the applicant will receive the necessary documents to complete the transfer into the CFI-I or CFPE Program. Steps to complete each transfer vary per program. Please see individual program handbook for specific steps to complete the transfer.

Payment has been attached for the following:

- US \$50 Transfer Application Fee per program

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: _____

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