# CERTIFIED FIRE INSPECTOR II 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**
**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)**

**BUSINESS INFORMATION:**

**Business Name:** _____ **E-mail:** _____

**Business Mailing Address:**_____

**City:**_____ **State:**_____ **Zip:** _____ **Business Phone:** _____

**HOME INFORMATION:**

**Home E-mail** _____

**Mailing Address:**_____

**City:**_____ **State:**_____ **Zip:** _____ **Home Phone:** _____

**Please checkmark your response to the following.** ☐ **I am currently an NFPA CFI-I.**

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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 to be bound by and to adhere to all written policies and procedures of the certification program to which I am herewith applying, and I understand 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 the certification examination that I will take as prerequisite to certification is confidential and is protected by federal copyright and other intellectual property and trade secret laws. I understand and agree that I will strictly preserve the confidentiality of the examination and that I am prohibited from copying or distributing the examination or from transmitting information regarding examination questions or content in any form, written or oral, to any person or entity. I further understand that my failure to comply with this prohibition may result in my certification being permanently 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 hereby release the NFPA and all of its agents, employees, officers, directors, heirs, and assigns from any liability arising whatsoever from or in connection with any action taken or decision made with regard to the awarding, suspension or revocation of my certification. I acknowledge and agree that the NFPA shall have the right to revoke or invalidate any examination score, with or without finding of fault or misconduct on my part, if data forensic analysis or other credible evidence establishes a reasonable possibility that a score is not valid or that the integrity or security of the examination was compromised.

Signature: _____ **Date:** _____

**(See Page Two for payment information)**

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**Page Two**
**CFI-II Program Application**

**Payment has been attached for the following (CHECK ALL THAT APPLY):**

☐ US $300 CFI-II Application Fee and CFI-II Written Examination Fee – fee does **not** include reference material.

☐ US $ 90 CFI-I & II Reference Set includes NFPA 1, 2009 Ed; NFPA 13, 2007 Ed; NFPA 25, 2008 Ed; NFPA 72, 2007 Ed; and NFPA 101, 2009 Ed (This set is used for CFI-I and CFI-II)

☐ US $ 30 CFI-II Reference standards: NFPA 24, 2007 Ed; NFPA 220, 2009 Ed.

**Total Amount Enclosed $_____**

**FORM OF PAYMENT**
☐ 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:_____

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