CERTIFIED FIRE INSPECTOR II 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		Fax	
	_____ Residence _____ Business	E-Mail	
City/Town			
State/Province			
Zip/Country Code		Country	

The CFI-II Transfer requirements are:

☐ Meet CFI-II Eligibility Requirements
☐ Submit Proof of Current Certification in a Recognized Fire Inspector II Certification Program (Copy of certificate from current CFI II certification required)
☐ Complete and submit CFI-II Transfer Application and Application Fee

Once approved for CFI-II Transfer, the applicant will receive the NFPA Certification.

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 CFI-II 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:_____

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