

CERTIFIED FIRE INSPECTOR I RETEST APPLICATION



Send completed application (v12/16) to:
NFPA Certification Department
1 Batterymarch Park, Quincy, Ma 02169
(P) 617-984-7432 (F) 617-984-7127
Email: cfi@nfpa.org
Web Page: www.nfpa.org/certification

CHECK HERE IF A COMPUTER BASED RETEST (if CBT skip to applicant name)

APPLICANT NAME: _____

(TYPE OR PRINT ALL INFORMATION – THIS INFORMATION IS FOR WRITTEN EXAM)

Date of Retest Exam: _____
Test Site: (Name) _____
(Address) _____
Proctor's Name: _____
Ship Exam to: _____
Street Address: _____
Cannot ship to a P.O. Box # _____
Proctor Phone No.: _____
Proctor Fax No.: _____
Proctor E-mail: _____

Please allow **at least four weeks** between the date of this request and the written exam date. The exam confirmation and proctor agreement will be emailed to proctor within 72 hours of exam request. If confirmation and proctor agreement are not received, please contact the NFPA Certification Department.

The written examinations will be shipped to the proctor approximately 48 hours prior to the scheduled exam. If the written examinations have not been received within this timeframe, please contact the NFPA Certification Department immediately.

Please list applicant name above. Exams will only be sent for those individuals who are actively enrolled in the NFPA CFI-I Program. You may fax or email the exam scheduling form to NFPA's Certification Department. Fax: 617-984-7127 Email: cfi@nfpa.org.

APPLICANT NOTIFICATION ADDRESS

Signature: _____ Date: _____

IMPORTANT: NFPA wants to partner with you to protect your personal information –If you wish to email your application or other personal documentation, it must be placed within an attached document, and [you must use the NFPA secure email server. https://web1.zixmail.net/s/welcome.jsp?b=nfpa](https://web1.zixmail.net/s/welcome.jsp?b=nfpa)

The following fee is attached:

- US \$125.00 Retest Fee
- 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: _____