



Send completed application (12-16) 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

CFPE Program Application

APPLICANT NAME: _____ (As name will be printed on certificate)
(TYPE OR PRINT ALL INFORMATION; INCOMPLETE APPLICATIONS WILL BE RETURNED)

Last 4 Digits of social security # _____ (we must have this to issue a Pro Board certification)

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 CHECK:

WRITTEN EXAM (only available in the United States and Canada)

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:** _____



Send completed application (12-16) 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

CFPE Program Application - Page Two

The following fee is attached: (Additional fee for international shipping may apply.)

US \$350 Fee includes self-study certification materials and written examination. NOTE: Does not include any testing center fee

Certified Fire Plan Examiner Program Reference Sets – **YOU MUST INDICATE WHICH SET YOU WANT TO PURCHASE**

US \$ 90 2012 Code Set - NFPA 1, 2012 Ed; NFPA 13, 2010 Ed; NFPA 72, 2010 Ed; and NFPA 101, 2012 Ed.

OR

US \$ 90 2015 Code Set - NFPA 1, 2015 Ed; NFPA 13, 2013 Ed; NFPA 72, 2013 Ed; and NFPA 101, 2015 Ed.

Total Amount Enclosed \$ _____

FORM OF PAYMENT

Check. *(Please make checks payable to NFPA Certification Department)*

IMPORTANT: NFPA wants to partner with you to protect your personal information – **NEVER INCLUDE PERSONAL AND/OR CREDIT CARD PAYMENT INFORMATION IN THE BODY OF ANY EMAIL** – 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>). Once you access this server and create your NFPA secure email account, you should select OTHER from the "To" pull-down list, and then enter Isolomon@nfpa.org in the address box. Complete the email process by attaching your personal documentation and clicking "Send."

Credit Card: MasterCard VISA Discover American Express

Credit Card #: _____ Card Exp. Date: _____

Name on Card: _____ Signature: _____