

CERTIFIED FIRE PLAN EXAMINER TRANSFER APPLICATION



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/cfpe

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

APPLICANT INFORMATION:

Business Name: _____ E-mail: _____

Mailing Address: _____

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

The CFPE Transfer (The following must be attached to this application - see transfer information on next page):

- Meet CFPE eligibility requirements
- Proof of current certification in a Pro Board recognized CFPE program
(Copy of certificate required)
- Complete and submit CFPE transfer application and fee

Once approved for CFPE transfer, the applicant will receive the NFPA certification.

_____ Please check here. By checking here the transfer candidate understands that they will be issued an NFPA non-Pro Board certification. Your application will not be processed unless this line has been checked.

I, _____, certify that all information contained in this application, is accurate and truthful, to the best of my knowledge. 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 included using the following (CHECK ALL THAT APPLY):

US \$250 Transfer application fee

Total Amount Enclosed \$ _____

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

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](mailto:https://web1.zixmail.net/s/welcome.jsp?b=nfpa). <https://web1.zixmail.net/s/welcome.jsp?b=nfpa>

Credit Card: MasterCard VISA Discover American Express

Credit Card #: _____ Card Exp. Date: _____

Name on Card: _____ Signature: _____