Send completed CFPS application to: CFPS c/o NFPA Certification Dept. 1 Batterymarch Park Quincy, MA 02169

(P) 617-984-7484 (F) 617-984-7127

Email: cfps@nfpa.org

Web Page: www.nfpa.org/certification

CFPS RE-TEST APPLICATION:



For Internal Use Only

Date Postmarked: ______
Payment Rcvd: _____
New: _____Retest: _____
Meets eligibility criteria: _____

Private:

NFPA: _____CBT:__

PRINT ALL INFORMATION (Page 1 of 1)

Name:		Email:	
		Zip:	
Home Phone:Business/Organization:			
Business Address:			
City:		State:	Zip:
Phone:		Mobile Phone:	
assessment centers the receive their authorize test centers are located PAPER AND 8am-11am of date. 14 Exam Dates - Please.	aroughout the Worl action letter with in ed at the test admin DPENCIL FOI n the dates listed		application and test fee, the applicant will r-based exam. A list of Computer-based g.com.
2014 exam dates. Date		Location	
☐ Check. (<i>Pleas</i> ☐ Credit Card: Δ	e make checks pay ∆ MasterCard △	yable to NFPA Certification Department) VISA \(\triangle \triang	
		Card Exp. Date:	
Name on Card: Please Note – No shows f AFFIRMATION AND A	orfeit all applica		
I agree to inform and release application and/or certification in this application or in connection and correct information, respected of Ethics shall constituted demographic information pro I am prohibited from transmit understand that failure to configuration against me. I understand that completion of the examination Board and NFPA shall have the	to the CFPS or its a on, both now and in ection with my cert ond to authorized Core grounds for reject vided on this appliting information rapply with this proham, unless I specific he right to revoke to	agents all pertinent information related to sin the future. I understand the CFPS reservestification. Therefore, I understand and agree CFPS requests for additional information, or ction of my application or denial or revocatication is confidential and will be used for a regarding examination questions or content inition may result in my certification being and contact information will become part of cally request that my name not be released. If or invalidate any examination score, with or	es the right to verify any and all information be that my failure to provide accurate, true or abide by CFPS policies, procedures or ion of my certification. I understand the aggregate purposes only. I understand that in any form to any person or entity, and revoked and/or legal action being taken of the registry of the CFPS upon successful I acknowledge and agree that the CFPS
		npromised.	Date)

The CFPS Practice Examination can be purchased through NFPA Customer Sales at 800-344-3555 or online at the NFPA Online Catalog at www.nfpa.org.

1

Copyright National Fire Protection Association, Inc. All rights reserved. May not be reproduced without permission. This document is controlled and has been released electronically. The version on the NFPA intranet is the up-to-date document. Hard copies are uncontrolled and may not be up-to-date. Users of hard copies should confirm the revision by comparing it with the electronically controlled version.