

**Certified Fire Alarm ITM Specialist (CFAITMS) for Facility Managers  
Program Application**

**NFPA Admin. & Support Services**  
11 Tracy Drive  
Avon, MA 02322  
  
[adminsvecs@nfpa.org](mailto:adminsvecs@nfpa.org)



**For Internal Use Only**  
Date Received: \_\_\_\_\_  
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**SUBMIT CREDIT CARD PAYMENTS ONLINE AT: <https://www.nfpa.org/cfaitmsapply>**

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**IF YOU ARE PAYING BY CHECK PLEASE CONTINUE**

**Applicant Name:** \_\_\_\_\_

**BUSINESS INFORMATION**

**Business Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Work Field / Job Description:** Please check the most appropriate box or boxes.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Electrician               | <input type="checkbox"/> Contractor / Installer       | <input type="checkbox"/> Engineer / Designer              |
| <input type="checkbox"/> Fire Prevention / Pub Ed. | <input type="checkbox"/> Fire Protection / Consulting | <input type="checkbox"/> Loss Control / Risk/Safety Mgmt. |
| <input type="checkbox"/> Architect                 | <input type="checkbox"/> Facilities Manager           | <input type="checkbox"/> Inspector / Bldg. Official       |

**Job Title** (if other than above) \_\_\_\_\_

**HOME INFORMATION**

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Home Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Note:** The CFAITMS exam is available on demand as a computer-based test at assessment centers throughout the world. Upon receipt of this CFAITMS program application and your test fee, the NFPA will mail your authorization letter with instructions on how to schedule the computer-based exam. A list of test centers is located at the test administrator's website at <https://www.prometric.com/nfpacert>.

**Please attest to the following:**

I have attained the minimum of a high school diploma or equivalent education

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:** \_\_\_\_\_

**Electronic signature agreement:** In lieu of signature, you agree that typing your name on the line above is the legal equivalent of your manual signature on this application.

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**Payment Information**

\$350 USD

Total Amount Enclosed    \$ \_\_\_\_\_

Check

- Make checks payable to NFPA Certification Department
- Mail to: NFPA Admin. & Support Services, 11 Tracy Drive, Avon, MA 02322

Note: the 2016 edition of NFPA 72®, National Fire Alarm and Signaling Code, may be ordered at [www.nfpa.org/catalog](http://www.nfpa.org/catalog), or by phone at 1-800-344-3555.