

**Certified Life Safety Specialist (CLSS-HC) for Health Care Facility Managers Program
Retest Application**

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For Internal Use Only
Date Received: _____
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(TYPE OR PRINT ALL INFORMATION; INCOMPLETE APPLICATIONS WILL BE RETURNED)

APPLICANT NAME

Note that in accordance with the electronic signature agreement below, a manual signature is not required – simply typing your name into the fillable form is sufficient.

Applicant Notification Address

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.

Payment Information – The following fee is attached:

IMPORTANT: When emailing this application to NFPA, you must use the NFPA secure email server at <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 adminsvcs@nfpa.org in the address box. Complete the email process by attaching your personal documentation and clicking "Send."

- \$175.00 USD 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: _____

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. By Selecting the Credit Card button above and entering your name in the signature block, you authorize NFPA to charge your credit card the applicable fee(s). Revised as of 11/21/17