

APPLICATION to CHALLENGE NFPA 1081 LEVELS
Incipient, Advanced Exterior, and Interior Structural

APPLICATIONS MUST BE RECEIVED BY THE OFC AT LEAST ONE MONTH PRIOR TO THE PROPOSED EXAM/EVALUATION DATE.

DEPARTMENT INFORMATION Please print clearly.		
Host Department Name	Contact Name	
Address		
Town / City	Province / Territory	Postal Code
Contact Email	Contact Number (with area code)	

TESTING INFORMATION Please print clearly.			
Number of Candidates	Level to be Tested	Incipient	Advanced Exterior
			Interior Structural
Written Examination Date (mm/dd/yyyy)	Practical Evaluation Date (mm/dd/yyyy)		
Practical Skills Evaluation Site Location			Approved Site? YES NO

CANDIDATE INFORMATION Please print clearly. DO NOT use initials.				Certificate/Transcript?	
1 Surname	First Name	Middle Name	Birth Date	YES	NO
2 Surname	First Name	Middle Name	Birth Date	YES	NO
3 Surname	First Name	Middle Name	Birth Date	YES	NO
4 Surname	First Name	Middle Name	Birth Date	YES	NO
5 Surname	First Name	Middle Name	Birth Date	YES	NO
6 Surname	First Name	Middle Name	Birth Date	YES	NO
7 Surname	First Name	Middle Name	Birth Date	YES	NO
8 Surname	First Name	Middle Name	Birth Date	YES	NO
9 Surname	First Name	Middle Name	Birth Date	YES	NO
10 Surname	First Name	Middle Name	Birth Date	YES	NO
11 Surname	First Name	Middle Name	Birth Date	YES	NO
12 Surname	First Name	Middle Name	Birth Date	YES	NO
13 Surname	First Name	Middle Name	Birth Date	YES	NO
14 Surname	First Name	Middle Name	Birth Date	YES	NO
15 Surname	First Name	Middle Name	Birth Date	YES	NO

PLEASE ATTACH FOR EACH CANDIDATE
Official transcripts for 1001 levels 1 and 2 and 472 Awareness OR copies of Pro Board/ IFSAC certificates for NFPA 1001 Levels 1 and 2. Make sure that the seal numbers are clearly visible.

EVALUATOR INFORMATION Please print clearly. Refer to the requirements listed on the Office of the Fire Commissioner website.		
Surname	First Name	Middle Name
Shipping Address		Business Name (if shipping to a business)
Town / City	Province / Territory	Postal Code
Email	Contact Number (with area code)	
Attached transcripts/certificates for NFPA 1041 Level II and 1081 applicable level(s).		<input type="checkbox"/> Yes <input type="checkbox"/> No

PROCTOR INFORMATION Please print clearly. Refer to the requirements listed on the Office of the Fire Commissioner website.		
Surname	First Name	Middle Name
Shipping Address (for delivery by courier)		Business Name (if shipping to a business)
Town / City	Province / Territory	Postal Code
Email	Contact Number (with area code)	

PAYMENT INFORMATION		
\$175 per person per level (includes exam and evaluation)		
Please choose one of the following:		
<input type="checkbox"/> CHEQUE	Payable to Government of Alberta	Please include payment with your application.
<input type="checkbox"/> MONEY ORDER	Payable to Government of Alberta	Please include payment with your application.
<input type="checkbox"/> CREDIT CARD	We will send you a link to a secure TD payment page to complete your payment.	
Please provide your email: _____ (please print clearly)		
<input type="checkbox"/> INVOICE		
Contact Name	Department / Company	Purchase Order No.
Total \$	Contact Number (with area code)	
Address		
Town / City	Province / Territory	Postal Code

HOST DEPARTMENT DECLARATION		
On behalf of the host department for which this application was submitted, I confirm that all information on this form is accurate and complete in all respects.		
_____		_____
SIGNATURE		DATE
_____		_____
NAME (print)	RANK	RELATIONSHIP TO HOST DEPARTMENT

OFC USE ONLY:

REVIEWED BY:

APPROVED BY:

DATE: _____

DATE: _____

EMAIL, MAIL, OR FAX APPLICATION TO:

Office of the Fire Commissioner

16th floor, Commerce Place

10155-102 Street

Edmonton, AB T5J 4L4

Fax: 780-644-5390

Email: ofc.certificationexam@gov.ab.ca

QUESTIONS?

Email: ofc.certificationexam@gov.ab.ca

Website: www.ofc.alberta.ca

This collection of personal information is necessary to support the certification and accreditation programs of the Office of the Fire Commissioner. The collection is authorized under Section 33(c) of the *Freedom of Information and Protection of Privacy (FOIP) Act* and will be managed in accordance with the privacy provisions in the Act. If you have questions regarding the collection of your personal information, please send your inquiry to the Office of the Fire Commissioner, 16th Floor, Commerce Place, 10155 – 102nd Street, Edmonton, AB, T5J 4L4 or email ofc.certificationexam@gov.ab.ca.