

- Any changes to an approved exam or evaluation must be made by completing and submitting this form, which must be received by the Office of the Fire Commissioner (OFC) prior to the original approved exam/evaluation date(s) and at least **2 WEEKS** prior to the new testing date(s). Submit this form by email: [ofc.certificationexam@gov.ab.ca](mailto:ofc.certificationexam@gov.ab.ca).
- The new testing date(s) must be within **6 MONTHS** of the original testing date(s).
- Changes to the number of candidates being tested can be submitted in an email to [ofc.certificationexam@gov.ab.ca](mailto:ofc.certificationexam@gov.ab.ca).
- A new exam and/or evaluation package will be shipped to the proctor/evaluator prior to the new testing date(s).
- The OFC may decline a change if this form is not complete or if all requirements have not been met.

HOST INFORMATION			
Host Department Name		Training Provider/School and Contract # (if applicable)	
Contact Name	Email	phone number (with area code)	
RESCHEDULE OF EXAM/EVALUATION (including late writes, pre-writes)			
No Change	Whole Class Reschedule	Individual Candidate(s) Reschedule	Total # Candidates Rescheduled
Standard/Level (or Course)		New Evaluation Date	New Exam Date
NEW PROCTOR INFORMATION		SAME AS ORIGINAL APPLICATION	
<b>All proctors must NOT have been involved in the training and must NOT be related to, married to (legally or common-law) or otherwise personally associated with any of the candidates writing the exam. The exam package and Proctor Agreement will be sent to the proctor.</b>			
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)	
NEW EVALUATOR INFORMATION		SAME AS ORIGINAL APPLICATION	
<b>All evaluators must have successfully completed (1) the training level they will be evaluating and (2) NFPA 1041 Fire Service Instructor Level II. If not currently an approved evaluator with the OFC, please include proof of qualification with this application. The evaluation package and Evaluator Agreement will be sent to the evaluator listed below.</b>			
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)	

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, 16<sup>th</sup> Floor, Commerce Place, 10155 – 102<sup>nd</sup> Street, Edmonton, AB, T5J 4L4 or email [ofc.certificationexam@gov.ab.ca](mailto:ofc.certificationexam@gov.ab.ca).