

PERSONAL INFORMATION Please print clearly and DO NOT use initials.				
Surname	First Name	Middle Name	MALE	FEMALE
Address				
Town / City	Province	Postal Code	Birthdate (mm/dd/yyyy)	
Email		Contact Number (with area code)		

THIRD PARTY INFORMATION Please print clearly and DO NOT use initials. Complete this section only if a third party person/organization requires your transcript to be mailed direct to them.				
Contact Name				
Address		Organization		
Town / City	Province	Postal Code		
Email		Contact Number (with area code)		

DECLARATION	
<p>I, _____, confirm that all information on this form is true and complete in all respects. By signing this declaration, I permit the Office of the Fire Commissioner to release my transcript to the third party listed above. If the third party information section has been left incomplete, my transcript will be mailed to the address listed under personal information.</p>	
<p>_____</p> <p>SIGNATURE</p>	<p>_____</p> <p>DATE</p>

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.