

# FIREFIGHTER 2

## Certification Application Form



1. State DFS ID Number: _____ ( e.g., 111111)  Name: _____  Address: _____  City, State, Zip: _____  County: _____  Telephones: Home: _____  Work: _____  Cell: _____  Fire Dept. Name: _____  Date of Birth: _____  Gender/Race: <input type="checkbox"/> Male <input type="checkbox"/> Female Race: <input type="text"/>  Certified EMT? <input type="checkbox"/> (Check if EMT) (Use Codes on 2nd Page)	<b>For Official Use Only</b>	
	Received: _____	
	Returned: _____	
	Received 2: _____	
	Date Issued: _____	
	By: _____	

### 2. CERTIFICATION REQUIREMENTS – FIREFIGHTER 2

A. Be at least 18 years of age;

B. Meet **all** of the following certification requirements:

- Shall possess a Firefighter 1 certification issued by the Office of Training and Certification, in accordance with N.J.A.C. 5:73-4.3(a); and,
- Shall successfully pass a Firefighter 2 written examination administered by the Office of Training and Certification; and,
- Shall meet any **ONE** of the following:
  1. Shall have successfully completed, prior to January 1, 2008 a Firefighter 2 course of instruction; **or**
  2. Have a minimum of 5 years of fire service experience as a firefighter prior to January 1, 2008; **or**
  3. After January 1, 2008, successfully complete a Firefighter 2 course of instruction approved in accordance with N.J.A.C. 5:73-4.3(b).

3. **SUBMITTAL INSTRUCTIONS:** Attach a photocopy of the following: birth certificate or driver’s license; Firefighter 1 certification certificate; Firefighter 2 written exam completion certificate; provide documentation that you have either successfully completed prior to January 1, 2008 a Firefighter 2 course of instruction (submit course completion certificate), or have a minimum of 5 years experience as a firefighter prior to January 1, 2008 (submit a letter from the Chief of the Department on Department Letterhead), or after January 1, 2008 submit proof that you successfully have completed a Firefighter 2 course of instruction approved in accordance with N.J.A.C. 5:73-4.3(b). Please note that certification will not be issued unless documentation has been received and validated. Please review Application Form Instructions on the back of this page.

4. **APPLICATION FEE:** No fee is required.

5. I do hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Application Form Instructions

Please type or print clearly on the application form.  
Certification will not be issued unless documentation is received and validated.

## Section

1. Provide your DFSID number, name, home address, county where you reside, and home, work and mobile telephone numbers. In addition, please provide your fire department name, date of birth, gender, race, and whether you hold a valid Emergency Medical Technician (EMT) certification issued by the NJ Department of Health. *Note: Please do not use your fire department address.*

Please use the following code numbers to indicate your race/national origin which best applies to your ancestral heritage. **(Providing this information is voluntary.)**

<u>Code</u>	<u>Description</u>
01	American Indian or Alaskan Native
02	Asian or Pacific Islander
03	Black, not of Hispanic origin
04	White, not of Hispanic origin
05	Hispanic

2. You must meet the Firefighter 2 certification requirements as adopted by Rule found at N.J.S.A. 5:73-4.29b).
3. Attach a photocopy of the following: birth certificate or driver's license; Firefighter 1 certification certificate; Firefighter 2 written exam completion certificate; provide documentation that you have either successfully completed prior to January 1, 2008 a Firefighter 2 course of instruction (submit course completion certificate), or have a minimum of 5 years experience as a firefighter prior to January 1, 2008 (submit a letter from the Chief of the Department on Department Letterhead), or after January 1, 2008 submit proof that you successfully have completed a Firefighter 2 course of instruction approved in accordance with N.J.A.C. 5:73-4.3(b). Please note that certification will not be issued unless documentation has been received and validated.
4. Application Fee: No fee is required.
5. The application form must be signed and dated. Forward the application form and supportive documentation to:

**Attn: Firefighter 2 Certification  
Office of Training and Certification  
Division of Fire Safety  
P.O. Box 809  
Trenton, NJ 08625-0809**

### CONTACT INFORMATION

Questions about Firefighter 2 certification requirements and procedures should be directed to the staff of the Office of Training and Certification at **(609) 324-7336** from 8:30 a.m. to 4:00 p.m., Monday through Friday.