



**AFSC APPLICATION FOR CERTIFICATION
STATE OF ALASKA
DEPARTMENT of PUBLIC SAFETY
FIRE STANDARDS COUNCIL**



APPLICATION TYPE

<input type="checkbox"/> New	<input type="checkbox"/> Reciprocity	<input type="checkbox"/> Retest <i>(complete level & personal info only)</i>
<input type="checkbox"/> Grandfather	<input type="checkbox"/> Other _____	

APPLICATION LEVEL

<input type="checkbox"/> Firefighter - <i>Select level</i>	<input type="checkbox"/> Hazardous Materials- <i>Select level</i>	<input type="checkbox"/> Fire Officer- <i>Select level</i>
<input type="checkbox"/> Fire Instructor- <i>Select level</i>	<input type="checkbox"/> Driver Apparatus - <i>Select level</i>	<input type="checkbox"/> Live Fire Training Instructor
<input type="checkbox"/> Certified Fire Investigator	<input type="checkbox"/> AK Fire Investigator Tech (AKFIT)	<input type="checkbox"/> Airport Firefighter
<input type="checkbox"/> Rapid Intervention Crews	<input type="checkbox"/> Fire Life Safety Educator- <i>Select level</i>	<input type="checkbox"/> Other: _____

PERSONAL INFORMATION

First Name:		Middle Initial:	Last Name:	
Mailing Address:				
City:		State:	Zip Code:	
Contact Phone:		Work Phone:	DOB:	Age:
A VALID EMAIL ADDRESS MUST BE LISTED TO RECEIVE AFSC CERTIFICATES				
Email Address:				
ID#:	The ID# is the first three letters of the last name and the last four numbers of the applicant's Social Security Number. This number is mandatory and is used for data base tracking only.			
<input type="checkbox"/>	Check box to request a FFI or FFII collar pin for an additional fee of *\$5 & INITIAL HERE			<input type="checkbox"/>
<small>*Collar pins will only be issued if the applicant is applying for AFSC FFI or FFII certification: See AFSC Certification Fee Schedule for details</small>				

DEPARTMENT OR EMPLOYER INFORMATION

Department/Employer:				
Address:				
City:		State:	Zip Code:	Dept. Phone:
Present Job/Rank/Affiliation:			Years of fire service experience?	<input type="checkbox"/>

FIRE STANDARDS COUNCIL OFFICE USE ONLY

Date Received:	Exam Type:	Skills Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No	Exam Score:	Fee: \$	Fee Rec'd Date:
	Exam Type:	Skills Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No	Exam Score:		
Retest Received:	Exam Type:	Skills Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No	Exam Score:	Fee: \$	
	Exam Type:	Skills Complete: <input type="checkbox"/> Yes <input type="checkbox"/> No	Exam Score:	Fee: \$	
FSC Approval Date:			Notes:		

