FIRE APPARATUS DRIVER/OPERATOR – AERIAL TILLER
PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM
NFPA 1002-2017 Edition

Effective March 1, 2026:

- All certification candidates are required to maintain an active Acadis user portal account. (Acadis portal location = OSFC website/ Training and Certification Portal, or click here: ENVISAGE Acadis®)
- All certification candidates are to be registered with the designated test site and rostered for the certification test.

SECTION I

FEMA Student Identification Number (FEMA SID#): To register or view your FEMA SID, go to https://cdp.dhs.gov/FEMASID	*Enter your 10-digit FEMA SID#*

Last Name | First Name | M.I. | Suffix | SSN# (last 4-digits only)

Mailing Address | City | State | Zip Code | County

Date of Birth | Primary Phone | Alternate Phone | Email Address

Affiliation (Fire Dept./Organization) | Title/Rank | Date Hired/Joined

Fire Dept/Organization Address | City | State | Zip Code | County

Please Read and Check One:

☐ I read (or had explained to me) and understand the job performance requirements for the Driver/Operator – Aerial Tiller certification test. I have no conditions which preclude me from safely or effectively performing all functions and tasks (practical skills and written test) for the level which I am seeking national certification.

☐ I read (or had explained to me) and understand the job performance requirements for the Driver/Operator – Aerial Tiller certification test. I will submit a request for accommodation for the written national certification test. I understand I MUST contact the Certification Program Manager no later than twenty days prior to the scheduled certification exam.

Disclosure of your social security number is required. Your social security number is being solicited pursuant to Pennsylvania Crimes Code *18 Pa C.S. 4904 and* Section 7384 of the Emergency Management Services Code (35 Pa. C.S. §§ 7101 *et seq*. The Office of the State Fire Commissioner/ Pennsylvania State Fire Academy collects these numbers only for tracking, processing of certifications, and verification purposes; information is only shared where required to do so for and is not sold, bartered, rented, or otherwise distributed.

By signing and dating this document, I certify that the information contained in this Application and any attachments is accurate and complete to the best of my knowledge and submitted as true and correct in accordance with the OSFC/PSFA certification testing policy and in accordance with Pennsylvania Crimes Code *18 Pa C.S. 4904*, relating to unsworn falsifications to authorities.

Click Here to View Candidate Handbook

_____ _____
Signature of Candidate **Date**

Test Site Official Use Only - Test Site: _____ Test Site Number: _____
Date Application Received at Test Site: _____ Date Application Approved: _____
Candidate Number: _____ Written Exam Results: ___ PASS ___FAIL Skills Exam Results: ___ PASS ___FAIL

SECTION II

Chapter 77, Section 7713 of Title 35 Health and Safety, Part V of the Pennsylvania Emergency Management Services Code reads:

"A person convicted of violating 18 Pa. C. S. § 3301 (relating to arson and related offenses) or any similar offense under Federal or State law shall be prohibited from serving as a firefighter in this Commonwealth and shall be prohibited from being certified as a firefighter under Subchapter F of Chapter 73 (relating to State Fire Commissioner)."

All individuals making application for certification testing must provide documentation of a background check. Proof of a non-conviction MUST consist of *either* of the following:

1. An official criminal history record check obtained pursuant to Chapter 91 (relating to criminal history record information) indicating no arson convictions.

   OR

2. By dating and signing of the following statement by the person swearing to the following:

   "I have never been convicted of an offense that constitutes the crime of "arson and related offenses" under 18 Pa. C. S. 3301 or any similar offense under any Federal or State law. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to penalties prescribed by law, including, but not limited to, a fine of at least $1,000.00"

_____
Signature of Certification Candidate

_____ _____
Name of Certification Candidate (please type) **Date**

SECTION III - Please Read and Complete all information:

A candidate should meet the requirements of *NFPA 1580 (2025) Standard for Emergency Responder Occupational Health and Wellness* prior to physical testing to ensure his/her ability to safely perform the required tasks. Therefore, I understand the importance of physical fitness and a healthy lifestyle in performing the duties of a firefighter and the aspects about a fire department's assistance program.

During your participation in certification testing, in the event of injury/illness are you protected by an insurance carrier providing hospitalization and/or Workmen's Compensation? YES ___ NO ____

Liability Waiver

I, the undersigned, have hospitalization insurance and do hereby release the following individuals and organizations from any and all liabilities or causes of action for any injuries or illness incurred during or after my participation in the Voluntary Certification Program Test sponsored by the Office of the State Fire Commissioner/Pennsylvania State Fire Academy, Pennsylvania Emergency Management Agency and hosted by the

_____

(Name of Test Site)

The release covers all the aforementioned individuals and agencies as well as their agents, employees, or volunteers participating in this event.

This release covers all injuries or illnesses occurring during or because of the activities engaged in by the undersigned during the Voluntary Certification test including any injuries which might result from physical abuse from third party participants or other individuals in or around the area where the examination is being conducted.

This release is intended to release all injuries, damages, or lawsuits to the undersigned person and property, whether known, unknown, foreseen, unforeseen, patent, or latent which the undersigned may have against the Office of the State Fire Commissioner, the Pennsylvania Emergency Management Agency, the Host Entity, or its agents as listed above. The undersigned understands and acknowledges the significance and consequence of such specific intentions to release all claims, and hereby assumes full responsibility for any injuries, damages, or losses that may occur from the above-mentioned event.

By signing and dating of this document **I HEREBY ACKNOWLEDGE** that **I HAVE READ THE CONTENTS** of this waiver**,** and that **I FULLY UNDERSTAND THE SAID CONTENTS** of the release, and that **I HAVE SIGNED INTENDING TO BE LEGALLY BOUND.**

_____	_____	_____
Candidate Name (please type)	**Signature of Candidate**	**Date**

SECTION IV

It is understood that the candidate registered on this form has done so with the full knowledge, consent, and approval of the named organization on page one of this application; and is protected by an insurance carrier or the organization. Furthermore, I attest that the candidate meets the requirements as noted in **Section III** of this application. Participation approved by:

_____	_____	_____
Chief Officer Name (please type)	**Daytime Phone**	**Email**
_____	_____	_____
Signature of Chief Officer	**Title**	**Date**

SECTION V

1. **REQUIREMENT**: Valid State issued Department of Transportation Driver's License. Your driver's license will be verified at the test site before you are allowed to test, and you will be required to fill out a driver's license form.

2. **REQUIREMENT**: FIREFIGHTER I CERTIFICATION – NFPA 1002 (2017 Ed) Chapter 6, Section 6.1: You **MUST** be certified at the Firefighter I level. Provide your number and attach a copy of your Fire Fighter I certification certificate.

   FIREFIGHTER I CERTIFICATE NUMBER: _____

3. **REQUIREMENT**: NFPA 1002 (2017 Ed) Chapter 4, JPRs 4.2.1, 4.2.2, 4.3.6 and Chapter 6, JPR 6.1.1.

   As a chief officer of _____, by the signature below, I attest the following candidate _____ meets the competencies identified below that relate directly to the rules, regulations, and operations of this organization, and within the manufacturer's specification of our aerial apparatus.

   - **JPR 4.2.1, 4.2.2** - Perform and document the routine tests, inspections, and servicing functions as noted below, given maintenance and inspections forms, so that all items are checked for operation, deficiencies are reported, and (if permitted by policy) corrects problems found using hand tools.

     1. Battery(s) & Belt
     2. Braking & coolant System
     3. Electrical system
     4. Fuel, oil & hydraulic Fluids
     5. Steering system & tires
     6. Communications system
     7. Tools, appliances, and equipment
     8. Built-in safety features

- **JPR 4.3.6** - Operate a vehicle using defensive driving techniques under emergency conditions and under adverse environmental conditions (i.e., rain, snow, ice), given a fire department vehicle and emergency conditions, so that control of the vehicle is maintained.

- **JPR 6.1.1** - Perform the routine tests, inspections, and servicing functions specified in the following list in addition to those in JPR 4.2.1, given a fire department pumper, its manufacturer's specifications, and policies and procedures of the jurisdiction, so that the operational status of the pumper is verified.

    1. Cable systems (if applicable)
    2. Aerial device hydraulic systems
    3. Slides and rollers
    4. Stabilizing systems
    5. Aerial device safety systems
    6. Breathing air systems
    7. Communication systems

_____	_____	_____
Chief Officer Name (please type)	**Daytime Phone**	**Email**
_____	_____	_____
Signature of Chief Officer	**Title**	**Date**

SECTION VI: Methodology

To be certified as an Aerial Driver/Operator-Tiller, the candidate **MUST** first be certified as an Aerial Driver/Operator per NFPA 1002 (2017 Ed), Chapter 7, JPR 7.2.1. To meet this requirement, two methods exist:

1. The candidate provides a copy of their certification certificate (ProBoard or IFSAC) with their application for Aerial Driver/Operator-Tiller certification.

    Aerial Driver/Operator Certification Number: _____

2. The candidate concurrently tests for Aerial Driver/Operator and Aerial Driver/Operator Tiller within the same test session.

    NOTE: The candidate **MUST** pass both the written and practical test for Aerial Driver/Operator prior to being certified for Aerial Driver/Operator-Tiller. Administration of the Aerial Driver/Operator Skills B - Driving Public Roadways, C - Obstacle Navigation, and E - Aerial Positioning & Operations **MUST** be completed first for Aerial Driver/Operator (ADO), then independently and again for Aerial Driver/Operator-Tiller (ADO-T) per the NFPA 1002 (2017 Ed) of the standard. The first test (ADO) assesses the skills as a driver of the apparatus, and the second test (ADO-T) assesses the skills while positioned at and operating from a tiller position.

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Prerequisite Verification Form

Candidate Name: _____

My signature below indicates I have read and understand the requirements of this program, Driver/Operator – Aerial Tiller; furthermore, I meet the pre-requisites established by the Standard or the Authority Having Jurisdiction.

_____ I am 18 years of age or older;

_____ I signed the Chapter 77, Section 7713 of Title 35 form or have provided an official criminal history record check obtained pursuant to Chapter 91;

_____ I signed the application (Wet signatures (blue or black ink) OR digital signatures - but they **MUST** Adobe Signatures - **NOT** Freedom Signatures);

_____ I had a chief officer sign Sections IV and V of this application;

_____ I attached a copy of my Firefighter I certification;

_____ I attached a copy of my Aerial Driver/Operator certification;

_____ I attached a copy of documents (CDL and/or EVDT/EVOC course completion certificate) required for station(s) equivalency – if applicable (See Candidate Handbook).

_____ I have registered with the designated test site and rostered for the certification test

_____ I have created an account with Acadis

Testing Assistance

_____ I am physically capable of completing the practical skill exercises.

_____ I can read and comprehend the written test and related materials.

☐ I ***will not*** be submitting a request for accommodation for National Certification exam.

OR

☐ I ***will*** be submitting a request for accommodation for the National Certification exam. I understand that I **MUST** contact the Certification Program Manager no later than two weeks prior to the certification exam.

_____	_____	_____
Candidate Name (please type)	Signature of Candidate	Date