

CONFINED SPACE RESCUE
PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM
NFPA 1006 - 2021 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.
- All certification candidates are to be registered within Acadis for the certification test. (You will need to register twice for the certification test, with the test site *and* Acadis)

Please clearly indicate which level(s) you are testing for by marking your selection with an “X”:

Confined Space Awareness

Confined Space Operations

Confined Space Technician

SECTION I

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

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 Confined Space 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 at which I am seeking national certification.

I read (or had explained to me) and understand the job performance requirements for the Confined Space 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-one 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: <input type="checkbox"/> PASS <input type="checkbox"/> FAIL Skills Exam Results: <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	

CONFINED SPACE RESCUE
PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM
NFPA 1006 - 2021 Edition



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 applying 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 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”

Name of Candidate (please type)

Signature of Candidate

Date

CONFINED SPACE RESCUE
PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM
NFPA 1006 - 2021 Edition



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 their ability to safely perform the required tasks.

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 as a result of the activities engaged in by the undersigned during the Voluntary Certification examination 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 (OSFC), 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 this document, **I HEREBY ACKNOWLEDGE** that **I HAVE READ THE CONTENTS** of this waiver, 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

CONFINED SPACE RESCUE
PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM
NFPA 1006 - 2021 Edition



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 noted in Section III of this application. Participation approved by:

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

SECTION V

REQUIREMENT: NFPA 1006 (2021 Ed) Section 1.3.9 (6) Hazardous Materials Incident and Contact Control

Candidates **MUST** be trained or certified at the Hazardous Materials Operations Level in accordance with NFPA 1072 (2017), Chapter 5 (Core Competencies) and Chapter 6 (Mission-Specifics) Section 6.2 (PPE) and Section 6.6 (Product Control), **OR** NFPA 470 (2022) *Hazardous Materials/Weapons of Mass Destruction (WMD) Standard for Responders*. Training standards as outlined in Chapters 6 and Chapter 8, Section 8.2 (PPE) and Section 8.6 (Product Control) or in Certification standards as outlined in Chapter 7 and Chapter 9, Section 9.2 (PPE) and Section 9.6 (Product Control)

Attach a copy of one of the following recognized certificates. Training certificates **MUST** be from the PSFA-approved Jones & Bartlett curriculum **OR** the PSFA-approved IFSTA curriculum.

- Hazardous Materials Operations Level training **OR**
- Hazardous Materials Operations Level Annual Refresher training (candidate must have completed an approved operations initial course) **OR**
- Hazardous Materials Operations Level Responder National Certification (ProBoard or IFSAC)

NOTE: The certificate (training, refresher training, or certification) **MUST** be current and dated within one (1) year of the certification application and **MUST** meet the requirements of NFPA 1072 (2017) **OR** NFPA 470 (2022).

REQUIREMENT: NFPA 1006 (2021) JPR 1.3.9 (1) Educational Requirements

To qualify at the Confined Space Rescue Operations Level, the candidate **MUST** show evidence of training in Confined Space rescue practices.

- Pennsylvania Local Level Confined Space Rescue classes **OR**
- Proof of training from alternative sources
- Proof of Rope Rescue Operations Training/Certification (Confined Space Operations testing)

CONFINED SPACE RESCUE TECHNICIAN
PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM
NFPA 1006 - 2021 Edition



REQUIREMENT: NFPA 1006 (2021 Ed) Section 1.3.9 (5) Emergency Medical Care

Each candidate **MUST** complete an approved CPR and medical care training course or hold a current EMS certification. A cognitive and skills assessment for both the CPR and First Aid training courses **MUST** be completed as part of your course, including ALL written exams or optional written exams if applicable.

A list of approved courses that meet the requirements of this section can be found on the OSFC website
(Access here: [CPR & First Aid Requirements | Commonwealth of Pennsylvania](#))

Please assure the following:

- Attach copies of your course certificate or card for CPR and Medical Training. Your certificate or card **MUST** be signed where applicable in order to be valid. Copies **MUST** include front and back where applicable.
- If submitting an eCard or eCertificate, the copy provided **MUST** have an interpretable QR code or number, certificate ID, or authorization number.

NOTE: If you are testing for Confined Space Rescue Operations or Technician independently of Awareness Level, please provide the following information.

REQUIREMENT: Confined Space Rescue Operations, NFPA 1006 (2021 Ed), JPR 7.2
Confined Space Rescue Technician, NFPA 1006 (2021 Ed), JPR 7.3

To certify at the Confined Space Rescue Operations Level, the candidate must be certified at the Confined Space Rescue Awareness Level.

Please provide your certification number *and* attach a copy of your Confined Space Rescue Awareness certification certificate, your Rope Rescue Operations certificate/Training, and your PA Confined Space Rescue Operations Training course certificate.

Confined Space Rescue Awareness I Certificate Number (2021 edition): _____

Rope Rescue Operations (2021 edition) or Rope Rescue Technician Level I (2008 or 2013 edition) Certificate Number or comparable training: _____

PA Confined Space Rescue Operations Training Course Certificate: _____

To certify at the Confined Space Rescue Technician Level, the candidate must be certified at the Confined Space Rescue Operations Level or the Confined Space Rescue Technician Level I (2008 or 2013 edition).

Please provide your certification number *and* attach a copy of your Confined Space Rescue Technician I certification certificate.

Confined Space Rescue Operations Level Certificate Number (2021 edition): _____

Confined Space Rescue Technician I Certificate Number (2008 or 2013 edition): _____

CONFINED SPACE RESCUE TECHNICIAN
PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM
NFPA 1006 - 2021 Edition
Prerequisite Verification Form



Candidate Name: _____

My signature below indicates that I read and understand the requirements of this program, Confined Space Rescue Awareness, Operations, or Technician; furthermore, I meet the prerequisites 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 Health and Safety or provided an official criminal history record 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 Section IV of this application in ink

_____ I attached a copy of an approved Hazardous Materials Operations Level Refresher certificate in accordance with NFPA 470 (2022) OR NFPA 1072 (2017)

_____ I attached a current, signed cards or certificates that fulfill the CPR and Medical Training Requirements

_____ I attached proof of Training Requirements

_____ I attached a copy of my Confined Space Rescue Awareness, Operations, or Technician Level I Certification (if applicable)

_____ I have attached a copy of my Rope Rescue Operations certificate/Training

_____ PA Confined Space Rescue Operations Course Training Certificate

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

_____ I have also registered with Acadis for the certification test

Testing Assistance

_____ I am physically capable of completing the practical skill exercises

_____ I am able to 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