

**FACILITY FIRE BRIGADE - ADVANCED EXTERIOR**  
**PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM**  
**NFPA 1081 (2018 Ed) Chapter 5**



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**

<b>FEMA Student Identification Number (FEMA SID#):</b> To register or view your FEMA SID, go to <a href="https://cdp.dhs.gov/FEMASID">https://cdp.dhs.gov/FEMASID</a>	<i>Enter your 10-digit FEMA SID#</i>
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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 Facility Fire Brigade – Advanced Exterior 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 Facility Fire Brigade – Advanced Exterior 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			

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**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**

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**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.

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

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**(Name of Test Site)**

The release covers all the 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 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, 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.**

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**Candidate Name (please type)**

**Signature of Candidate**

**Date**

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**SECTION IV**

It is understood the candidate registered on this form does so with full knowledge, consent, and approval of the named organization on Page One of this application; furthermore, the candidate is protected by an insurance carrier or the organization. Additionally, I attest 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**

**REQUIREMENT: NFPA 1081 (2018 Edition) JPR 5.1.1 General**

Candidate must meet requirements of NFPA 1081 (2018 Ed) Chapter 1, Chapter 4 JPRs 4.1, 4.2, & 4.3, and Chapter 5, JPRs 5.1, 5.2, & 5.3. Candidates must be certified at the Incipient Level in accordance with NFPA 1081 *Standard for Industrial Fire Brigade Member Professional Qualifications*, Chapter 4.

**Fire Brigade Incipient Certification - NFPA 1081 (2018 Edition) Chapter 4**

You must be certified at the Fire Brigade Incipient level. Provide your number and attach a copy of your certification.

**Fire Brigade Incipient Certification Number:** \_\_\_\_\_

**REQUIREMENT: NFPA 1081 (2018 Edition), Chapter 5, JPR 5.1.1, Chapter 1, JPRs 1.3.9, 1.3.8**  
**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.



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**Prerequisite Verification Form**

Candidate Name: \_\_\_\_\_

My signature below indicates that I have read and understood the requirements of this program, Fire Brigade Advanced Exterior Industrial Certification test, and 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 Act 168 form or 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 Section IV of this application (Wet signatures (blue or black ink) OR digital signatures - but they **MUST** Adobe Signatures - **NOT** Freedom Signatures);

\_\_\_\_\_ I attached a copy of an approved Incident Command Course;

\_\_\_\_\_ I attached a copy of an approved current Hazardous Materials Operations Course or Refresher training course certificate or national certification (within one year);

\_\_\_\_\_ I attached current, signed cards or certificates that fulfill the CPR **AND** Medical Training Requirements;

\_\_\_\_\_ I attached a copy of Industrial Fire Brigade Incipient National Certification certificate;

\_\_\_\_\_ I signed the liability waiver section of the application

\_\_\_\_\_ 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 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