ALL CERTIFICATION APPLICATIONS MUST BE TYPED

FACILITY FIRE BRIGADE - INCIPIENT

PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM

NFPA 1081 (2018 Edition) Chapter 4

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)

SECTION I

MUST USE YOUR LEGAL NAME AS SHOWN ON GOVERNMENT ISSUED ID

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 Facility Fire Brigade Incipient 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 Incipient 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.

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_ _ Please sign the waiver below.

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**. I FULLY UNDERSTAND THE SAID CONTENTS** of the release, and **I 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

REQUIREMENT: NFPA 1081 (2018 edition) Chapter 4, JPR 4.1.1, Chapter 1, JPRs 1.3.8, 1.4.3, 1.4.3.1.1

Successful completion of an approved INCIDENT COMMAND COURSE: Please check one and attached a copy of your certificate.

- ☐ National Fire Academy Incident Command System Course
- ☐ NIMS ICS for Fire Service
- ☐ NIMS ICS for EMS
- ☐ NFA IS-100 **and** IS 200

REQUIREMENT: NFPA 1081 (2018 edition), Chapter 4, JPR 4.1.1

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 1081 (2018 Edition) Chapter 4, JPR 4.1.1, 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.

REQUIREMENT: NFPA 1081 (2018 Edition) Chapter 4, JPR 4.1.2.5 Incident Report

The candidate MUST attach a copy of a properly completed fire department's incident ("run") report for an actual incident. The report may be one used by their respective department incident report; however, the report MUST be equivalent to the information contained in Guide 1 of the candidate handbook. National Fire Incident Reporting System (NFIRS) and/or Pennsylvania Fire Incident Reporting System (PENN-FIRS) reports are acceptable.

REQUIREMENT: NFPA 1081 (2018 Edition) Chapter 4, JPR 4.3.5 Fire Safety Survey

Facility Fire and Life Safety Survey – Refer to Guide 2 of the candidate handbook for more information and required forms.

a. Complete a pre-incident and fire safety survey form on a facility building.
b. Conduct a life safety survey on a facility building.

NOTE: This JPR requires the candidate to complete a fire and life safety survey. The facility selected **MUST** be a structure on the facility in use with some form of fire protection infrastructure (i.e., detectors, suppression system, fire walls, fire-rated doors, etc.). Furthermore, the facility selected **CANNOT** be a fire, EMS, or other first responder station/facility; and the facility cannot be designated as a secured facility by a governing authority (i.e., Federally or Commonwealth) or by the employer.

REQUIREMENT: NFPA 1081 (2018 Edition) Chapter 4 JPRs 4.1.1, 4.1.2, Chapter 1, JPR 1.3.8

I hereby attest that _____, a candidate for the Facility Fire Brigade – Incipient level certification meets the entrance and educational requirements as established by the management of the facility fire brigade and as a part of his/her duties with _____ has demonstrated the ability to competently and where applicable safely perform the Job Performance Requirements (JPR's) from the 2018 edition of NFPA 1081 *Facility Fire Brigade Professional Qualifications*.

Please attach a copy of the Facility Fire Brigade Incipient Level training certificate.

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

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Building Name: _____ **Occupant:** _____

Address: _____ **City, State, Zip:** _____

Owner Name: _____ **Emergency Contact:** _____

Owner Phone # _____ **Emergency Contact #** _____

Primary Entrance/Side: _____ **Forcible Entry Points:** _____

Secondary Entrance/Side: _____ **Key Box Location:** _____

BUILDING INFORMATION (DATA)

Type of Occupancy

☐ Assembly ☐ Business ☐ Education ☐ Factory ☐ High-Hazard
☐ Institution ☐ Mercantile ☐ Residential ☐ Storage ☐ Multi-Occupancy

Processes: _____

Population During Business Hours: _____ **Population After Hours:** _____

Special Population Targets and Locations: _____

Salvage Targets & Locations: _____

Occupancy Hazards: _____

HAZARDOUS MATERIALS

Hazardous Materials: ☐ Yes ☐ No ☐ N/A MSDS Location: _____

SARA (Tier II) Facility: ☐ Yes ☐ No ☐ N/A Chemical Inventory List Provided: ☐ Yes ☐ No If No, Location:_____

CHEMICAL NAME (List 3 of the Highest Hazard Potentials)	UN ID#	QUANTITY (lbs. / gals)	LOCATION
1.			
2.			
3.			

BUILDING CONSTRUCTION

Type of Construction ☐ Type I ☐ Type II ☐ Type III ☐ Type IV ☐ Type V

Dimensions Length _____ft. Width _____ft. Total Sq. Ft. _____

Number of stories Above Ground_____ Below Ground_____ Approximate Height: _____ ft.

Construction Details:

Wall Construction
- ☐ Wood
- ☐ Metal
- ☐ Concrete
- ☐ Masonry (Brick / Block)
- ☐ Other: _____

Floor Construction
- ☐ Truss (Yes/No)
- ☐ Lightweight Construction
- ☐ Wood
- ☐ Metal
- ☐ Concrete
- ☐ Other: _____

Roof Construction
- ☐ Truss (Yes/No)
- ☐ Lightweight Construction
- ☐ Wood
- ☐ Metal
- ☐ Concrete
- ☐ Other: _____

Roof Type
- ☐ Pitched
- ☐ Flat
- ☐ Hip
- ☐ Shed
- ☐ Mansard
- ☐ Gambrel
- ☐ Lantern
- ☐ Other: _____

Wall Covering
- ☐ Sheetrock (Drywall)
- ☐ Plaster
- ☐ Wood / Paneling
- ☐ Ceramic Tile
- ☐ Masonry
- ☐ Other: _____

Floor Decking
- ☐ Wood
- ☐ Concrete
- ☐ Concrete (reinforced)
- ☐ Metal
- ☐ Other: _____

Roof Covering
- ☐ Wood Shingles
- ☐ Tile (clay, slate, cement)
- ☐ Composite Shingles (asphalt)
- ☐ Metal
- ☐ Build Up (rubber)
- ☐ Other: _____

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Basement: ☐ Full dimensions of building ☐ Partial If partial, Side _____ ☐ N/A

Basement Access: Interior: Side_____ Exterior: Side ____ ☐ N/A

Crawl Space Access Interior: Side_____ Exterior: Side ____ ☐ N/A

Number of Stairways, Type & Locations: _____

Number of Elevator(s): _____ ☐ N/A **Elevator Key Location:** _____

Elevator #	_____	_____	_____
Floors Served	_____	_____	_____
Elevator Mach. Room	_____	_____	_____

Other Vertical Openings, Type & Locations: _____

Heating System: ☐ Electric ☐ Natural Gas (LNG) ☐ LPG ☐ Oil ☐ Combination Oil/Gas ☐ Other: _____

Emergency Shut-Off: Division # ____ Side ____ Roof Level ____ Mechanical Equip. Room: _____

☐ Within Room ☐ Area ☐ On-Unit ☐ Side: _____

System Inspected: ☐ Yes ☐ No **Safely Arranged** ☐ Yes ☐ No **Area Clear of Obstructions** ☐ Yes ☐ No

FIREGROUND EXPOSURES

Side-A (address) _____ Distance (ft.) _____

Side-B (left) _____ Distance (ft.) _____

Side-C (rear) _____ Distance (ft.) _____

Side-D (right) _____ Distance (ft.) _____

BUILDING UTILITIES

Utility	Utility Main Shut-Offs Locations			Supplier	Contact Phone #
Electric	Division # _____	Side ____	☐ N/A	_____	_____
Emergency Generator	Division # _____	Side ____	☐ N/A	_____	_____
Water	Division # _____	Side ____	☐ N/A	_____	_____
Gas/LPG/Oil	Division # _____	Side ____	☐ N/A	_____	_____
Alternative Energy	Division # _____	Side ____	☐ N/A	Type: _____	_____

WATER SUPPLY

Hydrant(s) Primary Location: _____ Capacity (GPM): _____

Secondary Location: _____ Capacity (GPM): _____

Rural Area Main drafting water supply: ☐ Lake ☐ Pond ☐ River ☐ Pool ☐ Other _____

Drafting Location: _____ Travel Distance: _____

Private Type: _____ Location: _____

Type: _____ Location: _____

BUILDING FIRE PROTECTION SYSTEM

Fire Alarm System: ☐ Yes ☐ No **System Operational:** ☐ Yes ☐ No **Monitored System:** ☐ Yes ☐ No

Detector Types: ☐ None ☐ Smoke ☐ Combination ☐ Thermal ☐ Carbon Monoxide ☐ Pull Stations

Monitoring Co: _____

Contact Phone #: _____

Fire Alarm System (FAS) Panel Location: _____ Division # ____ Side ____ ☐ N/A

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Remote FAS Panel Location: _____ Division # ____ Side ____ ☐ N/A

FDC Connections ☐ Sprinkler (SPKR) ☐ Standpipe (STDP) ☐ Combination (SPKR/STDP) ☐ N/A

FDC Location(s): ☐ Side-A ☐ Side-B ☐ Side-C ☐ Side-D Connection Type & Size: _____ ☐ N/A

Fire Pump(s): Location: _____ GPM _____ ☐ N/A

Sprinkler System: ☐ Wet ☐ Dry ☐ Deluge ☐ Pre-Action ☐ Limited Area (20 SPKR Heads) ☐ N/A
☐ Full Building ☐ Partial Building ☐ If Partial, Location _____
System Pressure: _____ PSI Water Pressure: _____ PSI Air Pressure: _____ PSI
Sprinkler Room Location: _____ Division # _____ Side _____
Sprinkler System Tested: ☐ Yes ☐ No Date: _____

Standpipe (STDP) & Hose System: ☐ Class I ☐ Class II ☐ Class III ☐ N/A
Standpipe Riser & Hose Connections: Locations: _____
OS&Y Valves: ☐ Side-A ☐ Side-B ☐ Side-C ☐ Side-D ☐ N/A

Chemical Ext. System ☐ Clean Agent ☐ CO2 ☐ Dry Chemical ☐ Halon ☐ Wet Chemical ☐ N/A
Location: _____ Side ____ Division # _____
System Inspected: ☐ Yes ☐ No Date: _____

ADDITIONAL COMMENTS

Other Information: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Inspector's Name Inspector's Signature Date

Permission to conduct this inspection was granted by:

_____

Name (please type) Title Phone Date

The information requested is for certification purposes only. All information is confidential.

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Prerequisite Verification Form

Candidate Name: _____

My signature below indicates I read and understand the requirements of this program, Incipient Facility Fire Brigade Certification test; 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 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** be Adobe Signatures - **NOT** Freedom Signatures);

_____ I had a chief officer / department official sign Section IV of this application (Wet signatures (blue or black ink) OR digital signatures - but they **MUST** be Adobe Signatures - **NOT** Freedom Signatures);

_____ I attached a copy of an approved Incident Command Course;

_____ I attached a copy of an approved, current course certificate for Hazardous Materials Awareness or Operations course **OR** Refresher course;

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

_____ I attached a copy of a certificate indicating completion of an approved Facility FB Incipient course/program

_____ I signed the liability wavier section of the application

_____ I attached my Fire Safety Survey

_____ 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