

**FIRST RESPONDER INSPECTOR APPLICATION**  
**PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM**  
 NFPA 1030-2024 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**

<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>	Enter your 10-digit FEMA SID#
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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) and understand the job performance requirements for the First Responder Inspector test. I have no conditions that preclude me from safely or effectively performing all functions and tasks (practical skills and written tests) for the level I am seeking national certification.

I read (or had explained) and understand the job performance requirements for the First Responder Inspector 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 (2) days (M-F) prior to the scheduled certification exam.

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 the Candidate Handbook](#) (this link does not work, yet)

\_\_\_\_\_  
**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”***

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**Signature of Certification Candidate**

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

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**Date**

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**SECTION III - Please Read and Complete All Information:**

A candidate should meet the requirements of NFPA 1582 *Standard on Medical Requirements for Firefighters and information for Fire Department Physicians* 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 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.**

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Candidate Name (please type)

Signature of Candidate

Date

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**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:

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<b>Chief Officer Name (please type)</b>	<b>Daytime Phone</b>	<b>Email</b>
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<b>Signature of Chief Officer</b>	<b>Title</b>	<b>Date</b>
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**SECTION V**

**REQUIREMENT: Chapter 6.1.3.2, NFPA 1030 - 2024 Edition**

Candidates **MUST** be trained or certified (as a minimum requirement) at the Hazardous Materials/WMD Awareness Level in accordance with NFPA 470 (2022 Ed) *Hazardous Materials/Weapons of Mass Destruction (WMD) Standard for Responders*, Chapter 5, JPR 5.2.1

Attach a copy of one of the following recognized certificates (Jones & Bartlett or IFSTA curriculum NFPA 470 or 1072).

- \_\_\_\_\_ Hazardous Materials Awareness Level **OR**
- \_\_\_\_\_ Hazardous Materials Awareness Annual Refresher **OR**
- \_\_\_\_\_ Hazardous Materials Operations Level **OR**
- \_\_\_\_\_ Hazardous Materials Operations Level Annual Refresher

**NOTE:** The certificate (training, refresher training or certification) **MUST** be current (i.e., within one (1) year of the First Responder Inspector certification test date) and must meet the requirements of the current applicable NFPA standard.

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**Prerequisite Verification Form**

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

My signature below indicates that I have read and understand the requirements to certify for First Responder Inspector. Furthermore, I meet the prerequisites established by the Standard or the Authority Having Jurisdiction.

- \_\_\_\_\_ I am 18 years of age or older;
- \_\_\_\_\_ I have signed the Chapter 77, Section 7713 of Title 35 Health and Safety or provided an official criminal history record check obtained pursuant to Chapter 91
- \_\_\_\_\_ I have 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
- \_\_\_\_\_ I have attached a copy of an approved certificate (Jones & Bartlett or IFSTA curriculum) current Hazardous Materials Awareness or Operations Course, Refresher Course, or national certification.
- \_\_\_\_\_ I have attached a copy of an approved certificate (Pro Board or IFSAC) First Responder Inspector or Fire Inspector I national certification
- \_\_\_\_\_ I have registered with the designated test site and rostered for the certifications test
- \_\_\_\_\_ I have also registered with Acadis for the certification test

**Testing Assistance**

- \_\_\_\_\_ I am physically capable of completing the practical skills exercises.
- \_\_\_\_\_ I am able to read and comprehend the written test and related materials

**OR**

- \_\_\_\_\_ I **will not** be submitting a request for accommodation for National Certification exam.
- \_\_\_\_\_ 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 that twenty-one (21) working days (M-F) prior to the certification exam date.

\_\_\_\_\_  
Candidate Name (please type)

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date