

STRUCTURAL COLLAPSE RESCUE APPLICATION
PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM
NFPA 1006 - 2021 Edition



*All certification candidates are required to have an established and up to date user portal account in the PA State Fire Academy's Acadis Learning Management System prior to participating in ANY certification testing opportunity. Please log in to your Acadis portal account and update all personal information before submitting your certification application. (Access can be gained through the OSFC website – [Training and Certification Portal](#)).

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

☐ Structural Collapse Awareness ☐ Structural Collapse Operations ☐ Structural Collapse 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>
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Last Name	First Name	M.I.	Suffix	SSN# (last 4 digits only)
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Mailing Address	City	State	Zip Code	County
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Date of Birth	Primary Phone	Alternate Phone	Email Address
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Affiliation (Fire Dept./Organization)	Title/Rank	Date Hired/Joined
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Fire Dept/Organization Address	City	State	Zip Code	County
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Please Read and Check One:

- ☐ I read (or had explained to me) and understand the job performance requirements for the Firefighter I 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 Firefighter I 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: ___ 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 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 Certification Candidate (please type)

Signature of Certification Candidate

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 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

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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 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 Structural Collapse Rescue Technician Level, the candidate **MUST** show evidence of training in Structural Collapse rescue practices.

_____ Pennsylvania Local Level Structural Collapse Rescue classes **OR**

_____ FEMA Structural Collapse Technician **OR**

_____ Proof of training from alternative sources

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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 Structural Collapse Rescue Operations or Technician independently of Awareness Level, please provide the following information.

REQUIREMENT: Structural Collapse Rescue Operations, NFPA 1006 (2021 Ed), JPR 6.2
Structural Collapse Rescue Technician, NFPA 1006 (2021 Ed), JPR 6.3

To certify at the Structural Collapse Rescue Operations Level, the candidate must be certified at the Structural Collapse Rescue Awareness Level.

Please provide your certification number *and* attach a copy of your Structural Collapse Rescue Awareness certification certificate.

Structural Collapse Rescue Awareness I Certificate Number (2021 edition): _____

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

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

Structural Collapse Rescue Operations Level Certificate Number (2021 edition): _____

Structural Collapse Rescue Technician I Certificate Number (2008 or 2013 edition): _____

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Prerequisite Verification Form

Candidate Name: _____

My signature below indicates that I read and understand the requirements of this program, Structural Collapse 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 check obtained pursuant to Chapter 91
- _____ I signed the application in ink;
- _____ 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 102 (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 Structural Collapse Rescue Awareness, Operations, or Technician Level I Certification (if applicable).

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 the 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