

SUPPORT FIREFIGHTER APPLICATION
PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM
NFPA 1010 (2024) 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.
- 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

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)
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 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 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 and will not be 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:

(a) An official criminal history record check obtained pursuant to Chapter 91 (relating to criminal history record information) indicating no arson convictions.

OR

(b) 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”

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 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**.

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 1010 (2024 Ed) Chapter 5, Section 5.1 General

Candidates **MUST** be trained or certified at the Hazardous Materials Awareness Level or higher in accordance with NFPA 470 (2022)

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

- Hazardous Materials Awareness Level training **OR**
- Hazardous Materials Awareness Level Responder National Certification (ProBoard or IFSAC) **OR**
- Hazardous Materials Operations Level Training NFPA 470 (2022) **OR**
- Hazardous Materials Operations Level Refresher

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 470 (2022).

REQUIREMENT - NFPA 1010 (2024 Ed) Chapter 4, JPR 4.4.1.10

To be certified as a Support Firefighter, the candidate **MUST** have completed training OR certification in accordance with NFPA 1091 Traffic Incident Management Personnel

- Traffic Incident Management (Online through PA Train) **OR**,
- Traffic Incident Management (Online through NHTSA or another online partner) **OR**,
- PA State Fire Academy 4-hour Traffic Incident Management Program **OR**,
- Traffic Incident Management National Certification (ProBoard or IFSAC)

REQUIREMENT - NFPA 1010 (2024 Ed) Chapter 5, Section 5.1 General

To be certified as a Support Firefighter, the candidate **MUST** have completed training in accordance with the Support Firefighter Curriculum.

- EL-26 Support Firefighter Training Program **OR**,
- PSFA Approved EL-26 Support Firefighter Bridge Program

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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 Fighter I, 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 am 14 years of age or older but less than 18 years of age.

_____ I signed the Chapter 77, Section 7713 of Title 35 form or have 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;

_____ I attached a copy of an approved Hazardous Materials Awareness Level certificate in accordance with NFPA 470

_____ I attached a current Traffic Incident Management Course Completion or National Certification (ProBoard or IFSAC);

_____ I have attached my approved course completion certificate showing proof of training required for the Support Firefighter Certification Testing.

_____ 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 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 I **MUST** contact the Certification Program Manager no later than two weeks before the certification exam.

Candidate Name (please type)

Signature of Candidate

Date