

SURFACE WATER RESCUE APPLICATION
PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM
NFPA 1006 - 2021 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.
- 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)

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

Surface Water Rescue Awareness

Surface Water Rescue Operations

Surface Water 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 Surface Water Rescue 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 Surface Water Rescue 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 Candidate (please type)

Signature of Candidate

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 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 (1) Educational Requirements

Please attach a copy of a certificate for each requirement listed below.

Successful completion of Incident Command System Course. Please check one.

- ____ National Fire Academy, Incident Command System Course
- ____ NIMS ICS for the Fire Service, OR
- ____ Incident Command System and Resource Management for the Fire Service
- ____ NIMS ICS for EMS
- ____ NFA IS-100 *AND* IS-200 (Independent Study or Facilitated Courses)

REQUIREMENT: NFPA 1006 (2021) JPR 1.3.9 (1) Educational Requirements

To qualify at the Surface Water Rescue Technician Level, the candidate **MUST** show evidence of training in Surface/Swift Water rescue practices.

- ____ Pennsylvania Fish and Boat Surface/Swift Water Rescue Class **OR**
- ____ Proof of training from alternative sources
- ____ Proof of Rope Rescue Operations Training/Certification

REQUIREMENT: NFPA 1006 (2021 Ed) Section 1.3.9 (6) Hazardous Materials Training

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.

- ____ 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)

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

SURFACE WATER RESCUE AWARENESS

Water Rescue for the First Responder cert number: _____

SURFACE WATER RESCUE OPERATIONS

Water Rescue and Emergency Response cert number: _____

Rope Rescue Operations training or certification cert: _____

Emergency Boat Operation and Rescue cert number: _____

Surface Water Rescue Awareness cert number: _____

Advanced Line System Rescue cert number: _____

SURFACE WATER RESCUE TECHNICIAN

Ice Rescue and Emergency Response cert number: _____

Rope Rescue Highline training: _____

Surface Water Rescue Awareness cert number: _____ and

Surface Water Rescue Operations cert number: _____ or

Surface Water Technician Level I (2008 or 2013): _____

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Rope Rescue Operations Requirements for Surface Water Rescue Operations, JPR 18.2

- 5.2.1 – Size up a Rope Rescue incident
- 5.2.2 – Maintain hazard-specific PPE
- 5.2.3 – Maintain rescue equipment
- 5.2.4 – Demonstrate knots, bends, and hitches
- 5.2.5 – Construct a single-point anchor system
- 5.2.6 – Construct a multi-point anchor system
- 5.2.7 – Conduct a safety check
- 5.2.8 – Place edge protection
- 5.2.9 – Construct a system intended to provide a belay
- 5.2.10 – Operate a system intended to provide a belay
- 5.2.12 – Construct a fixed rope system
- 5.2.16 – Direct a team in the operation of a simple mechanical advantage system
- 5.2.18 – Direct the operation of a compound rope mechanical advantage system
- 5.2.20 – Prepare for the transfer of victims
- 5.2.24 – Direct a litter-lowering or raising operation in a high-angle environment

Rope Rescue Technician Requirements for Surface Water Rescue Technician, JPR 18.2

- 5.3.5 – Participate as a member of a team in the construction of a rope rescue system intended to move a suspended rescue load along a horizontal path
- 5.3.6 – Direct a team in the operation of a rope rescue system intended to move a suspended rescue load along a horizontal path

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Prerequisite Verification Form

Candidate Name: _____

My signature below indicates that I read and understand the requirements of this program, Surface/Swift Water 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 record check obtained pursuant to Chapter 91
- _____ I signed the application in ink (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 my ICS training requirement
- _____ I attached a copy of an approved Hazardous Materials Operations Level Refresher certificate in accordance with NFPA 470 (2022) OR NFPA 1072 (2017)
- _____ I attached a current, signed cards or certificates that fulfill the CPR and Medical Training Requirements
- _____ I attached proof of Training Requirements
- _____ 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 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