GEORGIA FIREFIGHTER STANDARDS AND TRAINING COUNCIL

Test Request Form

Request must be made a minimum of thirty (30) days in advance.

(Form can be faxed, email, or mailed)

E-mail: cummings@gpstc.org **Fax: 478-993-4511**

Requested Test(s):_____

Additional Test(s):_____

(Check one of the following):

Written only: _____ **Skills only:** _____ **Test Date: Written:** _____ **Skills:** _____

Written and Skills: _____ **Alternate Date: Written** _____ **Skills:** _____

Number of Candidates: _____ **Alternate Date: Written** _____**Skills:** _____

Number of walk-ons allowed: _____ **Test Time: Written:** _____ **Skills:** _____

Test Location (include street address):

_____

_____

Request Made By: _____ **Contact Number:** _____

Email Address: _____ **Fax number:** _____

Agency/Department: _____

Signature: _____ **Date:** _____

Office Use Only

Test Confirmation Date: _____ **Test Monitor:** _____

Monitor Contact Number: _____ **Email:** _____

Approved By: _____ **Date:** _____