



# 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: [ccobb@gpstc.state.ga.us](mailto:ccobb@gpstc.state.ga.us)

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:** \_\_\_\_\_

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### Office Use Only

**Test Confirmation Date:** \_\_\_\_\_ **Test Monitor:** \_\_\_\_\_

**Monitor Contact Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_ **Date:** \_\_\_\_\_