



# GEORGIA FIREFIGHTER STANDARDS AND TRAINING COUNCIL CERTIFICATION APPLICATION



**COMPLETE AND RETURN THIS FORM FOR EACH NEWLY APPOINTED CANDIDATE AFTER ALL STANDARDS AS SET FORTH IN O.C.G.A. 25-4 AND POLICY OF COUNCIL HAVE BEEN SUCCESSFULLY COMPLETED.**  
(PLEASE TYPE OR PRINT LEGIBLY)

SPONSORING AGENCY/FIRE DEPARTMENT \_\_\_\_\_

CANDIDATE'S NAME \_\_\_\_\_  
First
Middle
Last

LAST 4 OF THE SOCIAL SECURITY NUMBER **OR** GFSTC ID# \_\_\_\_\_

LEVEL REQUESTED \_\_\_\_\_ DATE OF EMPLOYMENT/APPOINTMENT \_\_\_\_\_

**FF**=Firefighter **FSE**=Fire and Life Safety Educator **ISP**=Fire Inspector **INV**=Fire Investigator **ARFF**=Airport Firefighter

VOLUNTEER [ ]                      PART-TIME [ ]                      CAREER [ ]

***Place a mark by each statement that is true and correct for the candidate. All applicable supporting documentation is to be kept on file at the department and made available for review by GFSTC staff upon request. Note: The Georgia Firefighter Standards and Training Council does not require criminal history records to be maintained. Criminal history records are to be processed, maintained, and/or disposed of in accordance with FBI, GBI, state, and local laws.***

- [ ] (a) Is at least 18 years of age
  - [ ] (b) Has not been convicted of a felony in the past 10 years (except as provided in O.C.G.A. 25-4-8)
- DATE COMPLETED: \_\_\_\_\_ TIME COMPLETED: \_\_\_\_\_  
 (CRIMINAL HISTORY SEARCH MUST BE COMPLETED WITHIN THE PREVIOUS 18 MONTHS)
- [ ] (c) Signed affidavit of good moral character as determined by investigation approved by council
  - [ ] (d) Has successfully completed the Council approved physical agility test (PAT).
  - [ ] (e) Signed medical affidavit (COMPLETED WITHIN THE PREVIOUS 18 MONTHS)
  - [ ] (f) Has a high school diploma or a general education development equivalency (GED)
  - [ ] (g) Has successfully completed the Council approved minimum training course curriculum or equivalent
  - [ ] (h) Has successfully completed the written certification examination as approved by the Council within one year

**NOTE: Medical affidavit and Physical Agility Test (PAT) are NOT required for FSE, ISP, INV certification.**

I HAVE MET ALL OF THE ABOVE REQUIREMENTS \_\_\_\_\_  
CANDIDATE SIGNATURE

I hereby attest and affirm that the information supplied herein is true and correct to the best of my knowledge.

SIGNATURE FIRE CHIEF/DESIGNEE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT FIRE CHIEF/DESIGNEE \_\_\_\_\_

Sworn to and subscribed before me this date: \_\_\_\_\_  
 Notary Public \_\_\_\_\_  
 My commission expires \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
CERTIFIED Y N	CERT DATE: _____ STAFF INITIAL _____
CERTIFICATION # _____	