

# CERTIFIED FIRE INSPECTOR I PROGRAM APPLICATION

**Send completed application to:**  
**NFPA Certification Department**  
**1 Batterymarch Park, Quincy, MA 02169**  
**(P) 617-984-7497 (F) 617-984-7127**  
**Email: [cfi@nfpa.org](mailto:cfi@nfpa.org)**  
**Web Page: [www.nfpa.org/certification](http://www.nfpa.org/certification)**



**For Internal Use Only**

Date Received: \_\_\_\_\_  
 Database: \_\_\_\_\_  
 Payment Rcvd: \_\_\_\_\_  
 Meets eligibility criteria: \_\_\_\_\_

**(TYPE OR PRINT ALL INFORMATION; INCOMPLETE APPLICATIONS WILL BE RETURNED)**

**APPLICANT NAME:** \_\_\_\_\_ (As name will be printed on certificate)

**BUSINESS INFORMATION**

**HOME INFORMATION**

<b>Business/Organization:</b> _____ <b>Business Address</b> _____ _____ <b>City/Town</b> _____ <b>State</b> _____ <b>Country</b> _____ <b>Zip Code</b> _____ <b>Phone</b> _____ <b>Fax</b> _____ <b>E-Mail</b> _____	<b>Home Address</b> _____ _____ <b>City/Town</b> _____ <b>State</b> _____ <b>Country</b> _____ <b>Zip Code</b> _____ <b>Phone</b> _____ <b>Fax</b> _____ <b>E-Mail</b> _____
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- I have attained the minimum of high school diploma or equivalency education.
- I understand that I will have to complete the Self-Study-Case Studies.

**The following fee is attached:**

- US \$250 Fee includes Self-Study Certification Materials and *Written Examination*.  
 (TESTING THROUGH THE RHODE ISLAND STATE FIRE MARSHAL & RHODE ISLAND FIRE ACADEMY)  
*NOTE: Does not include any Testing Center Fee*
- US \$90 Certified Fire Inspector I Program **Reference Set** of NFPA Codes and Standards.  
 The Reference Set includes: NFPA 1, 2003 Ed; NFPA 13, 2002 Ed; NFPA 25, 2002 Ed; NFPA 72, 2002 Ed; and NFPA 101, 2003 Ed.

Total Amount Enclosed \$ \_\_\_\_\_

- Check. (*Please make checks payable to NFPA Certification Department*)
- Credit Card:  MasterCard  VISA  Discover  American Express

Credit Card # : \_\_\_\_\_ Card Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

I, \_\_\_\_\_, certify that all information contained in this application, is accurate and truthful, to the best of my knowledge, and that I am aware that any false entry will be considered sufficient cause for revocation of my certification at any time during the certification term. I agree that at any time during the term of certification any improper conduct on my behalf will result in a board hearing to determine if my certification should be revoked. I agree to accept the decision of the NFPA as to my eligibility for certification. I authorize verification of all information in this application. I also release all concerned from any liability arising from this application or certification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_