



# Certification Examination Supplemental Documentation Form For Psychomotor Practical Skill Examinations



Email this completed form to: [Certification.DFS-TM-Academy@mass.gov](mailto:Certification.DFS-TM-Academy@mass.gov)

Name \_\_\_\_\_ DFS Student ID# \_\_\_\_\_ Exam date \_\_\_\_\_

## **PART I: CANDIDATE AFFIRMATION**

By my signature below, I attest I am at least 18 years of age and possess a high school diploma or GED.  
Candidate signature\* \_\_\_\_\_ Date \_\_\_\_\_

## **PART II: MEDICAL AUTHORIZATION**

The above-named applicant for Fire Service Certification in the Commonwealth of Massachusetts has no known medical or physical conditions which would prevent participation in any or all the physical activities which may be necessary for the required skills demonstrations of the current NFPA Standard JPR

**OR**

Physician's Signature\* \_\_\_\_\_

Date \_\_\_\_\_

Chief of Department Signature\* \_\_\_\_\_

Date \_\_\_\_\_

## **PART III: PROTECTIVE CLOTHING COMPLIANCE**

In accordance with the Massachusetts Fire Training Council policy for Live Fire Training Exercises and Evolutions, this section must be completed for each candidate who registers for any certification examination including live fire evolutions.

I hereby attest the ensemble (ensemble includes helmet, protective hood, coat, trousers, gloves and boots) to be used by: \_\_\_\_\_ provided by: this department the candidate  
(print candidate's name)

will always throughout the participation of the live fire evolutions, be less than ten (10) years old. In addition, I further attest that this ensemble also complies with the following standards:

NFPA 1971: Standard on Protective Ensemble for Structural Firefighting and Proximity Fire Fighting  
OSHA 29 CFR 1910.156(e)(2)(iii)

Chief of Department Signature\*: \_\_\_\_\_ Date \_\_\_\_\_

Candidate Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

## **PART IV: AFFIDAVIT FOR HAZARDOUS MATERIALS TRAINING**

I attest \_\_\_\_\_ has received training to meet the objectives of the following  
(candidate's name)

of Awareness Level Personnel & Operations Level Responders to the current NFPA Standard.

Chief of Dept. or Training Officer Signature\* \_\_\_\_\_ Date \_\_\_\_\_

## **PART V: OPERATOR'S LICENSE AFFIDAVIT**

I verify that \_\_\_\_\_ holds a valid current license to operate motor vehicles issued by  
(candidate's name)

\_\_\_\_\_ the state in which the candidate resides.  
(state)

\*I understand my signature above is governed by the Fraudulent Misrepresentation Policy of the Massachusetts Fire Training Council.



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## FOR FAST TRACK OR RAP EXAM REQUESTS COMPLETE THE FOLLOWING INFORMATION

### PART VI: LIVE FIRE CERTIFICATION REQUIREMENTS

I certify that: \_\_\_\_\_ has received training to meet the performance objectives  
(print student's name)

of the following sections of the current edition of National Fire Protection Association Standard 1010 to the level of Firefighter I.

- Fire Behavior
- Rescue
- Fire Streams
- Safety
- Fire Hose and Nozzles
- Forcible Entry
- Ventilation
- Self-Contained Breathing Apparatus
- General

**In accordance with Massachusetts Firefighting Academy policy for live fire training exercises and evolutions, this applicant should be permitted to participate in live fire training exercises within structures.**

Signature of Chief or Training Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Chief of Department Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_