

North Carolina
Fire & Rescue Commission
CERTIFICATION APPLICATION

Please **PRINT** or **TYPE**

Certification Applying for: _____

Applicant's Name: _____

Social Security Number: _____ — _____ — _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____

Home Telephone #: (_____) _____

Date of High School Graduation or GED: _____ / _____ Sex (M/F): _____

County of Residence: _____

Fire/Rescue Agency Name: _____

Years of Experience: _____

I certify the above information is true to the best of my knowledge, and have included documentation to confirm this with my application for certification.

Signature: _____ Date: _____

Please Return this form to:

North Carolina Fire And Rescue Commission
1202 Mail ServiceCenter
Raleigh NC 27699-1202

Toll Free 1 (800) 634-7854

Fax 1 (919) 662-4670

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