

North Carolina  
Fire & Rescue Commission  
**CERTIFICATION APPLICATION**

Please PRINT or TYPE

Applicant's Name: \_\_\_\_\_

Last 4 Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex:  Male  Female

Home Telephone #: (\_\_\_\_) \_\_\_\_\_ Business #: (\_\_\_\_) \_\_\_\_\_

Date of High School Graduation or GED: \_\_\_\_\_

Attach a copy of Diploma/GED/HS Transcript mm / yyyy

County of Residence: \_\_\_\_\_

NC Fire/Rescue Agency Name: \_\_\_\_\_

Complete name of agency

**Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be certified. The offense and how recently you were convicted will be evaluated in relation to the certification for which you are applying.)** \_\_\_\_\_ YES \_\_\_\_\_ NO (If yes, explain fully on an additional sheet.)

I certify the above information and attached documentation is true and accurate to the best of my knowledge.

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

I certify the above information and attached documentation is true and accurate to the best of my knowledge.

Chief's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form and supporting documents to:**

North Carolina Fire and Rescue Commission  
Attn: Brandi Maynard  
1202 Mail Service Center  
Raleigh, NC 27699-1202  
Toll Free 1 (800) 634-7854 Fax 1 (919) 662-4670  
*Revised 10/20/2008*