



Louisiana Firefighter & Emergency Responder Certification Request for Written Examination

Municipal FDID or Industrial ID#: _____

Thank you for your Department's/Company's participation in the Louisiana Firefighter & Emergency Responder Certification Program. Please complete the information below and return this form **7 days** prior to the desired test date. Please note that this form may be reproduced as needed. The Fire Chief, Administrator, or designate must provide all information requested below in order for the form to be processed.

Incomplete forms will not be considered.

The _____ Fire Department/Company, in _____ Parish, requests a certification examination for the candidates listed below. Please include the date, time, and location of the examination.

Date: _____ **Time:** _____ **Location:** _____

By signing below, the Fire Chief, administrator, or designee is certifying the understanding that each of the following individuals shall have demonstrated OR will demonstrate proficiency in the skills evaluation identified for that level of certification by being observed and evaluated by a certified evaluator before being eligible to attempt the written examination.

_____	_____	_____	_____
Mailing Address	City	State	Zip
_____	_____	_____	
Phone Number	Fax Number	Email Address	
_____	_____		
Fire Chief or Administrator	Training Official or Designate (if applicable)		
_____	_____		
Signature	Signature		
(if not using electronic signature, you must sign and scan or fax)	(if not using electronic signature, you must sign and scan or fax)		

Testing Fees Are Listed Below

Louisiana municipal fire departments:

- \$20.00 – Hazmat Awareness, Hazmat Operations, Firefighter I, & Firefighter II
- \$35.00 – All other levels

Out of state municipal fire departments and industrial organizations:

- \$80.00 – All levels

A confirmation letter will be sent to the department/company e-mail on file and will specify if the tester(s) are approved for registration and if any required additional information is missing. Organizations will be billed for all testers unless other arrangements are made. This includes any "no shows."

Complete page 2 of this form, indicating candidates name, last 4 digits of SSN, and exam requested.

	Candidate Name	Last Four Digits of SSN	Exam Requested	Office Use Only
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Notes: (I) Denotes IFSAC accredited certifications (P) Denotes ProBoard accredited certifications
 Use additional form(s) if more than 25 candidates are testing.

Email to fetacert@la.gov, fax to (225) 334-6065, or mail to:
 Certification Division ~ 6868 Nicholson Dr. ~ Baton Rouge, LA 70820