



State of New York
Office of Fire Prevention and Control

Firefighter I certification
Live Fire Suppression Verification For

(Name of Candidate)

(Social Security Number)

As a member of the _____ Fire department, has participated, either in actual emergency operations or during formal training, in the:

“Extinguishment or control of Class A combustible materials within a structure (interior attack) while working as a member of a team and using appropriate protective equipment, firefighting tools and extinguishing agents.”

(source: NFPA Std. 1001, Firefighter I, 3-14.1)

And

“Extinguishment or control of one or more of the following live fires, working as a member of a team and using appropriate protective equipment, firefighting tools and extinguishing agents:

1. Pile/stacks of Class A combustible materials (exterior)
2. Open pans of combustible liquids (exterior)
3. Vehicle Fires
4. Storage containers (dumpster/trash bin)”

(source: NFPA Std. 1001, Firefighter I, 3-14.1)

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

Chief of Department or Designee

Or

| | | |
|-----------|----|------|
| Signature | No | Date |
|-----------|----|------|

State Fire Instructor

Note: This form is not valid without one of the above signatures