

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
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