

*North Carolina Fire & Rescue Commission  
Department of Insurance*

**CERTIFICATION APPLICATION**

**Please PRINT or TYPE**

Last 4 Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

**NC DEPARTMENT AFFILIATIONS**

*(Department Affiliation information is not required but captured for profile and transcript purposes)*

Primary Department Name: \_\_\_\_\_  
(Please list full name of Department)

Secondary Department Name: \_\_\_\_\_  
(If Applicable) (Please list full name of Department)

Sex:  Male  Female Date of High School Graduation or GED: \_\_\_\_\_  
\*\*\*Attach a copy of Diploma/GED/HS Transcript mm / yyyy

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

Email address: \_\_\_\_\_  
(Required)

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

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

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

Do you have a valid Drivers License \_\_\_\_ YES \_\_\_\_ NO

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 and attach to application.)

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

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

**Please return this form and supporting documents by Email, Fax or U.S. Mail to:**

North Carolina Fire and Rescue Commission  
Attn: Certifications  
1202 Mail Service Center  
Raleigh, NC 27699-1202  
osfmcertifications@ncdoi.gov  
Toll Free: (800) 634-7854

*Revised 1/30/2018*