



CANDIDATE APPLICATION



Registering for: Test Control Officer must submit all applications 14 days in advance of exam date.

- Written Exam
- Practical Exam

Date of Exam:

Location of Exam:

Certification Level:

Personal Information: Please provide your full legal name. Candidates will be required to show government issued ID to the test proctor/TCO on the day of testing. Failure to do so will result in you not being allowed to test.

First

Last

MI

DOB

Mailing Address

City

State

ZIP

Telephone Number

Email

Last Four SSN

Fire Agency Information: By completing the information below, you are authorizing your fire agency to access your certification and test records.

Fire Department Name

Contact Number

Mailing Address

City

State

Zip

I understand I am responsible to read and be familiar and comply with the certification policies and procedures of MCFD #6. I further acknowledge that I meet the testing requirements for the level I am applying.

Candidate Signature

Date

By signing your name electronically on this form, you are agreeing that your electronic signature is the legal equivalent of your manual signature.

This application shall be submitted to the Test Control Officer or Proctor.