



Kentucky Commission on Fire Protection Personnel, Standards and Education

Application for Certification Compliance to NFPA 1002®

Driver Operator-Mobile Water Supply



CANDIDATE PERSONAL INFORMATION

Requested test date & location

Name Last First Middle Initial

Address Home Mailing Address

City County State Zip

Last 4 digits of SS#: Date of Birth: Contact Phone #: ( ) -

Name of Department: State FDID#:

NFPA 1002:2009, Standard for Fire Apparatus Driver/Operator Professional Qualifications®, requires all DO-MWS candidates to be competent in requisite skills and procedures as outlined by job performance requirements contained within Chapters 4 and 10 of the standard, toward eligibility for certification.

All objectives listed below must be checked and the signature block signed by the candidate and the instructor, agency head or designee before the candidate is eligible to be certified. This document is a testament to the competency of the candidate and a statement of training to the tasks listed within the standard.

Table with 6 columns: JPR#, JPR Description, checkmark, JPR#, JPR Description, checkmark. Rows 1-13 detailing various tasks like performing tests, documenting, maneuvering apparatus, etc.

Verification Section of Candidate

I attest that I am eligible for testing after being trained to the above job performance tasks as required by the standard for certification purposes. (Candidate Signature)

Verification Section of Instructor, Chief, Supervisor or approved designee

I, (Printed Name), do attest that I, or a member of my staff, have witnessed the above candidate demonstrating all of the above job performance tasks. (Signature)