

## Firefighter Certification Program of New Brunswick Application for Equivalency Testing

Date Received (dd/mm/yyyy):

Received by:

**NOTE:**

- ***Candidate is responsible to mail in all equivalency documentation***
- ***Application must be original, all other documentation may be copies***
- ***FCBNB will not accept faxed or emailed applications***

**Personal Information**

Surname

First Name

Middle Name

Address

City

Province

Postal Code

Birth Date (mm/dd/yyyy)

Email

Phone Number (incl. area code)

Firefighter Status

Volunteer Firefighter     Paid Firefighter

Total Years of Service

**Organization Name**

**Equivalency Testing Applying For (check all applicable boxes)**

HAZARDOUS MATERIALS	FIRE PROTECTION	FIRE SERVICE INSTRUCTOR
<input type="radio"/> Awareness <input type="radio"/> Operations <input type="radio"/> Technician	<input type="radio"/> Firefighter I <input type="radio"/> Firefighter II	<input type="radio"/> Level 1

**Authorization for Release of Information**

I, (Print Full Name) \_\_\_\_\_ hereby certify that all statements made in, or in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omission of material facts will cause denial or forfeiture of my certification(s).

I further authorize all law enforcement agencies, Canadian Military, Federal, Provincial and/or Local Government agencies to furnish the Firefighter Certification Board of New Brunswick (FCBNB), with any and all information regarding myself in order to determine suitability for Certification. I further release said agency or person from all liability for damages whatsoever that may occur from furnishing such.

**Reviewed by:**

**Date:**

**Approved by:**

**Date:**