



# INDIVIDUAL FIRE PROTECTION CERTIFICATION APPLICATION

## REFERENCE MATERIALS FOR FIRE PROTECTION CERTIFICATION EXAMS

The exams are prepared from the Ohio Administrative Code section 1301:7-7-09 (Ohio Fire Code), 2017 edition, Ohio Building Code Chapter 9, 2017 edition, and the referenced editions of the National Fire Protection Association Standards as listed below.

- 1. **AUTOMATIC SPRINKLER AND STANDPIPE SYSTEMS:** NFPA 13 2016 edition; NFPA 14 2016 edition; NFPA 13R 2016 EDITION; NFPA 13D 2016 edition; NFPA 25 2014 edition
- 2. FIRE SERVICE MAINS: NFPA 24 2013 edition; NFPA 25 2014 edition
- 3. **FIRE PUMPS:** NFPA 20 2016 edition; NFPA 25 2014 edition
- 4. FIRE ALARM AND DETECTION EQUIPMENT: NFPA 72 2016 edition
- 5. **PORTABLE FIRE EXTINGUISHERS:** NFPA 10 2013 edition
- 6. **ENGINEERED EXTINGUISHING EQUIPMENT OTHER THAN WATER:** NFPA 11 2016 edition; NFPA 12A 2015 edition; NFPA 12 2015 edition; NFPA 16- 2015 edition; NFPA 17 2017 edition; NFPA 2001-2015 edition
- 7. **PRE-ENGINEERED EXTINGUISHING EQUIPMENT OTHER THAN WATER:** NFPA 17 2017 edition; NFPA 17A 2017 edition; NFPA 2001 2015 edition
- 8. HOUSEHOLD FIRE WARNING EQUIPMENT ONLY: NFPA 72 chapter 29 ONLY 2016 edition
- AEROSOL EXTINGUISHING EQUIPMENT: NFPA 2010 2015 edition
- 10. **DIESEL FIRE PUMP TECHNICIAN:** NFPA 25 chapter 8 ONLY 2014 edition, NFPA 20 chapter 3, 11, &14 ONLY 2016 edition

You must supply your own reference material. All exams are closed book and you will have two hours to take the exam. Exams are administered by PSI Services.

To obtain copies of the NFPA Standards, call (800) 344-3555 or <a href="https://www.NFPA.org/freeaccess?order\_src=D524">https://www.NFPA.org/freeaccess?order\_src=D524</a>. To obtain copies of the Codes, call (888) 422-7233 EXT. 33801 or <a href="http://codes.ohio.gov/oac/1301:7-7-09v1">http://codes.ohio.gov/oac/1301:7-7-09v1</a>, <a href="http://codes.ohio.gov/orc/3737">http://codes.ohio.gov/orc/3737</a>.

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Division of State Fire Marshal John R. Kasich, Governor Jacqueline T. Williams, Director



# FILING INSTRUCTIONS FOR INDIVIDUAL CERTIFICATION APPLICATION

- A. Applications must be typewritten or neatly printed.
- B. Application fee is \$35.00 per category. Make check(s) or money order(s) payable to Treasurer, State of Ohio. Application fee(s) are non-refundable. Once you are approved to take the exam, eligibility to test is valid for 90 days. Submit page (3) of this application to:

Division of State Fire Marshal
Testing & Registration Bureau
8895 E. Main St.
Reynoldsburg, OH 43068
Phone # (614)752-7126 or 1(877)264-0023
Fax to (614)995-4206
Email address: webfmtr@com.state.oh.us

- C. Pursuant to Ohio Administrative Code Section 1301.7-7-09(P)(9), OFC 916.9 "an individual must be a company certified pursuant to paragraph (P)(4)(OFC 916.4) of this rule or must be associated with a certified company when such individual engages in the business of servicing, testing, repairing or installing fire protection or firefighting equipment for profit."
- D. Non-Ohio residents must submit a notarized irrevocable consent to service form (your application cannot be processed until the State Fire Marshal (SFM) has received this form). https://www.com.ohio.gov/documents/fire\_com5028.pdf
- E. If you check **categories 6, 7, or 9** you must submit at least one of the following to be approved for examination:
  - 1. Proof from the manufacturer of training or approval to work on the manufacturer's engineered or pre-engineered systems.
  - 2. Inspection Reports demonstrating that the applicant has witnessed the code compliant installation/major repairs of ten (10) engineered or pre-engineered systems within two (2) years immediately prior to making application.

The documentation shall include:

- a) The name and license number of the individual performing such installation/major repairs
- b) Type of systems observed/installed (kidde, ansul, etc.)
- c) Date and location of installation/major repairs
- F. Exams are administered by PSI Services. Once approved for testing by SFM, you will receive a confirmation email with instructions on how to contact PSI to schedule your exam. You will not be able to schedule examinations until SFM has approved you for testing.
- **G**. There is an additional fee to PSI to take the exam. See the Candidate Information Bulletin (CIB) for additional fees and exam locations.

Link to PSI Candidate Information Bulletin:

 $\underline{https://candidate.psiexams.com/bulletin/display\_bulletin.jsp?ro=yes\&actionname=83\&bulletinid=837\&bulletinut=.pdf}$ 



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#### APPLICATION FOR INDIVIDUAL FIRE PROTECTION CERTIFICATION

54-	CANDIDATE ID#	Е	ELIGIBILITY DATE	
INDIVIDUAL INFOR	MATION:			
NAME:			DATE OF BIRTH:	
(Legal Name as ap	pears on Government Issued I.D.)			
ADDRESS:				
CITY:		STATE:	ZIP:	
PHONE:	FAX:	CO	UNTY:	
EMAIL ADDRESS:				
	(EXAM APPROVAL NO	OTICE WILL BE EMAI	LED)	
COMPANY NAME: _		CO	MPANY LICENSE#:	:
A AMBON A TRACTOR	CATEGORIES FOR TE	ESTING, \$35.00 per	category	
2. FIRE SERVICE MAI	KLER AND STANDPIPE SYSTEMS			
3. FIRE PUMPS	No			
	DETECTION EQUIPMENT (Residenti	ial and Commercial)		
5. PORTABLE FIRE EX				
6. ENGINEERED EXTI	NGUISHING EQUIPMENT (OTW)			
7. PRE-ENGINEERED EXTINGUISHING EQUIPMENT (OTW)				
8. HOUSEHOLD FIRE WARNING EQUIPMENT ONLY (Residential)				
9. AEROSOL EXTINGU	JISHING EQUIPMENT			
0. DIESEL FIRE PUMP	TECHNICIAN			
			TOTAL \$_	
				_
			DATE:	
APPLICANT'S SIGNATU	RE			The state of the s



Department of Commerce
Division of State Fire Marshal
Bureau of Testing and Registration
8895 East Main Street - P.O. Box 529
Reynoldsburg, Ohio 43068
(6140 752-7126 Fax (614) 995-4206 TTY/TDD 800-750-0750 www.com.ohio.gov

## **IRREVOCABLE CONSENT TO LEGAL SERVICE**

I,		, whose residence is at
(Name)		_
	in	,
(Street Address)	(City)	(State)
after full disclosure of the intended u	ise hereof do hereby consent irrevocably to	o service of process from
	gencies and administrative boards having o	•
· ·	which I may undertake as a (please select a	
•	,,,	,
installer/inspector of undergre	ound storage tank	ler of fire protection
equipment in Ohio I also hereby irre	evocably waive any and all rights I may oth	perwise have to challenge
	such courts, administrative agencies and ad	_
the jurisdiction over my person or all s	such courts, aurillistrative agencies and ad	ininistrative boards.
Applicant Cignoture		Date
Applicant Signature		Date
Witness		
Williess		
Witness		
vviiriess		
State Of Count	of and	
State Of Count	y of	
Refere me appeared the above par	med person who after producing proper	identification, acknowledge
	istrument and that their signing was	, ,
	my name and affixed by seal this	
20 at	County of, and	State of
Signature of Notary		Official Title

THIS FORM MUST BE NOTORIZED TO BE VALID.