## **Delaware State Fire Prevention Commission**

1463 Chestnut Grove Road Dover, DE 19904 (302) 739-3160

Fax: (302) 739-4436

Email: fire.commission@delaware.gov



## **Application for**

## **Field Training Officer**

This application is to be used If you are requesting FTO initial certification status OR FTO recertification

O **Initial Certification**: Requires completed application, letter of recommendation by Chief or Agency highest ranking EMS official, Certificate of completion of DSFS FTO Initial program.

O **Re-Certification:** Requires completed application, certificate of completion of DSFS FTO refresher course.

Name:		DOB:			
Mailing		DE EMT No.:			
Address:					
Physical		National Registry No:			
Address:					
Email &		Renewed National			
Contact No.:		Registry Exp. Date:			
Have you ever been arrested and/or convicted of <u>any</u> National, Federal, State or Local felony					
and/or misdemeanor including entering a plea or no contest?					
Are there <u>any</u> criminal charges pending against you?					
Has your certification ever been Suspended, Revoked, and Investigated in any other State?					
If you answered yes to any of the questions above; please attach a detailed statement with application					

Office Use Only:	
Application Received Date:	
Approved/Denied:	
Missing Documents:	
Received Missing Documents	
FTO Certification Exp. Date:	
Processed Date:/Initials	

Δnn	licant's	Signature
AUU	ncant s	SIZHALUIE

I hereby certify under penalty of perjury that all information on this application is true and correct to the best of my knowledge and I understand that any falsification of facts may cause forfeiture on my part of all rights to my FTO status and EMT Certification in the State of Delaware.