

**Delaware State Fire Prevention Commission**

1463 Chestnut Grove Road

Dover, DE 19904

(302) 739-3160

Fax: (302) 739-4436

Email: [fire.commission@delaware.gov](mailto:fire.commission@delaware.gov)**Application for****Delaware Emergency Vehicle Operator (EVO)****Initial Certification:**

- 1. Must be 18 years of age or older and must possess a valid US driver's license.**
- 2. Processing Fee: \$10.00**
- 3. Delaware State Fire School EVO Certificate of Completion is only valid 6 months from completion of course.**

☐ **Class A Non-CDL:** This license is required when the vehicle's combination registered, actual or gross vehicle weight rating (GVWR) is over 26,000 lbs, and the vehicle is towing a vehicle with a registered, actual or GVWR over 10,000 lbs. Such as a Tractor Trailer Tanker or Tractor Trailer Aerial.

☐ **Class B Non-CDL:** This license is required when the vehicle's registered, actual or rated weight (GVWR) is over 26,000 lbs, and it is not towing another vehicle over 10,000 lbs GVWR.

|                   |  |                          |  |
|-------------------|--|--------------------------|--|
| Full Name:        |  | Date of Birth:           |  |
| Mailing Address:  |  | Driver's License No:     |  |
| Physical Address: |  | State Issued:            |  |
| Email:            |  | Sponsoring Organization: |  |
| Contact #:        |  |                          |  |

|                                          |                                                                                                                                                                                       |                             |  |
|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--|
| <b>Payment Method</b>                    | <input type="checkbox"/> Cash <input type="checkbox"/> Check (Payable to SFPC)<br><input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover | <b>OFFICE USE ONLY:</b>     |  |
| Name on Card:                            |                                                                                                                                                                                       | Application Received Date:  |  |
| Card Number:                             |                                                                                                                                                                                       | Approved/Denied:            |  |
| Expiration Date:                         |                                                                                                                                                                                       | Missing Documents:          |  |
| Security Code:                           |                                                                                                                                                                                       | Received Missing Documents: |  |
| Zip Code (if different from application) |                                                                                                                                                                                       | Processed Date/Initials:    |  |

**Applicant's Signature** \_\_\_\_\_

**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 EMT Certification in the State of Delaware.**

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