

North Carolina  
Fire & Rescue Commission  
**CERTIFICATION APPLICATION**

Please PRINT or TYPE

Applicant's Name: \_\_\_\_\_

Last 4 Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex:  Male  Female

Home Telephone #: (\_\_\_\_)\_\_\_\_\_ Business #: (\_\_\_\_)\_\_\_\_\_

Date of High School Graduation or GED: \_\_\_\_\_

Attach a copy of Diploma/GED/HS Transcript mm / yyyy

County of Residence: \_\_\_\_\_

NC Fire/Rescue Agency Name: \_\_\_\_\_  
Complete name of agency

I certify the above information and attached documentation is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I certify the above information and attached documentation is true and accurate to the best of my knowledge.

Chief's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this form and supporting documents to:**

North Carolina Fire and Rescue Commission  
Attn: Brandi Maynard  
1202 Mail Service Center  
Raleigh, NC 27699-1202  
Toll Free 1 (800) 634-7854      Fax 1 (919) 662-4670