

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 copy of Diploma/GED) mm / yyyy

County of Residence: _____

*NC Fire/Rescue Agency Name: _____
(attach letter from chief verifying membership) complete name of agency, please do not abbreviate

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

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