Fire Certification Program of Nova Scotia

Evaluator Application Form

Evaluator Information

First Name:	Middle Initial:	Last Name:

Date of Birth (mm/dd/yyyy):	
Full Address – including postal code:	
Phone Number, with area code:	
Email Address:	

Evaluator Declaration

I have successfully completed and received IFSAC and/or ProBoard certification for NFPA 1041 Instructor Level 1 and have attached a copy of my certification as proof, with the seal number clearly visible.

I have successfully completed and received IFSAC and/or ProBoard certification for the practical skills I will be evaluating and have attached a copy of my certification as proof, with the seal number clearly visible.

I will not submit to evaluate any NFPA levels for which I am not IFSAC and/or ProBoard certified.

I will not be involved with the instruction/training of the NFPA level(s) I will be evaluating.

I will not evaluate any person to whom I am related.

I certify that the information provided in this application is complete and accurate. I have read, understood, and agree to the above statements.

Signature: _____

Prerequisite Certification

Certification/Qualification	Issuing Organization	Date Completed

Program Administration Use Only

Application Received Date:	
Applicant Completed Board Evaluator Training?	Yes / No
Date Board Evaluator Training Scheduled?	
Application Approved By:	
Application Approved Date:	