Fire Certification Program of Nova Scotia
Proctor Application Form

Proctor 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:	

Proctor Declaration

I will not be involved with the instruction of the NFPA level(s) I will be proctoring.

I will not proctor to 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 with the above statements.

Signature: _____

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:	