



FIRE FIGHTER I TESTING COURSE- S3B Information Sheet

Identification

Name: _____

SFT ID Number: _____ DOB: _____

S3B Date: _____

Current Academy Testing *Must attend all test dates*

Phone (Mobile): _____

Address: _____

City, State, Zip: _____

Email: _____

Fire Academy Completion Location and Date.

Date of Completion: _____

Moreno Valley College
Class# _____

Other ARTP Location _____
Class # _____

Have you met the work requirements?

1. No
2. Six (6) months full-time experience as a Fire Fighter in a California Fire Agency
OR
3. Twelve (12) months Volunteer or Reserve Fire Fighter in a California Fire Agency

Academy may provide PPE for testing as inventory is available for a fee. Fill out the below information for PPE needs.

Glove Size	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	PPE Sizes: Structure	Wildland
SCBA Mask w/hood	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL	Jacket Size:	
Structure Helmet	<input type="checkbox"/>	Pants Size:	
Wildland Helmet	<input type="checkbox"/>	Boot Size:	NA

Candidate's Signature: _____ Date: _____