

## Vocational /FFTC Fire Fighter Knowledge Final Exam Request

Please choose one of the following for the exam:

Exterior

Interior

Full Service

### Fire Department Information

Fire Department Authorized Contact:	Position:
Fire Department Name:	
Email address:	Telephone:

### Proctor Information

Proctor Name:		
Organization:		
Certified Evaluator (Yes/No):	Yes	No (if No, please contact program area at <a href="mailto:vocationalfftc@jibc.ca">vocationalfftc@jibc.ca</a> )
Street Address:		
City:	Province:	
Postal Code:	Telephone:	
Email Address:		

**Date of Final Examination:** \_\_\_\_\_

- Exam must be completed within 10 business days from the exam date.
- Student will have 2 hours to complete the exam.
- Must have at least Internet Explorer (IT) 7 or Firefox 3.5 installed and high speed internet connection.
- Please complete the student information section at the end of this form for all students inquiring the exam.

**Fire Department Authorized Contact Signature** \_\_\_\_\_

**Date submitted:** \_\_\_\_\_

Fire & Safety Division Use only  
Exam processed by (initials) and date processed

**Student Information**

All students listed below must be from the same Fire Department. Students will notified via email therefore a current email address must be provided for each student. The Evaluator/Proctor will also be notified via email.

<b>*Legal Last name, First Name</b>	<b>JIBC Student Number (if applicable)</b>	<b>*Date of Birth (mm/dd/yyyy)</b>	<b>*Email Address</b>

To submit this form, click the "Submit by Email" button below, or save the form and email to [VocationalFFTC@jibc.ca](mailto:VocationalFFTC@jibc.ca)