



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 requirement?

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

Check below field if PPE is needed. Academy will provide PPE for testing as inventory is available. PPE rental information will be available for your required equipment if Academy cannot provide PPE.

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"/> Yes <input type="checkbox"/> No	Pants Size:	
Wildland Helmet	<input type="checkbox"/> Yes <input type="checkbox"/> No	Boot Size:	NA

Candidate's Signature: _____ Date: _____