

*North Carolina Fire & Rescue Commission
Department of Insurance*

CERTIFICATION APPLICATION

Please PRINT or TYPE

Last 4 Social Security Number: _____ Date of Birth: ____ / ____ / ____

Applicant's Last Name: _____

Applicant's First Name: _____

NC DEPARTMENT AFFILIATIONS

(Department Affiliation information is not required but captured for profile and transcript purposes)

Primary Department Name: _____
(Please list full name of Department)

Secondary Department Name: _____
(If Applicable) (Please list full name of Department)

Sex: ☐ Male ☐ Female Date of High School Graduation or GED: _____
***Attach a copy of Diploma/GED/HS Transcript mm / yyyy

Home Telephone #: (____) _____ Business #: (____) _____

Email address: _____
(Required)

Mailing Address: _____

City: _____ State: _____ Zip: _____

County of Residence: _____

Do you have a valid Drivers License ____ YES ____ NO

Have you ever been convicted of an offense against the law other than a minor traffic violation?
(A conviction does not mean you cannot be certified. The offense and how recently you were convicted
will be evaluated in relation to the certification for which you are applying.) ____ YES ____ NO
(If yes, explain fully on an additional sheet and attach to application.)

I certify the above information and attached documentation is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Please return this form and supporting documents by Email, Fax or U.S. Mail to:

North Carolina Fire and Rescue Commission
Attn: Certifications
1202 Mail Service Center
Raleigh, NC 27699-1202
svc_NCDOI.OSFMCertifications@ncdoi.gov
Toll Free: (800) 634-7854

Revised 11/1/2017