

# Firefighter 1 Recruit Personal Information Form



**Instructions:** Please complete this form to obtain a Division of Fire Safety Identification number (DFSID). Once your personal information has been entered into the DFS computer system you will receive a DFSID number in the mail within 10 business days. This form also acts to verify your receipt of the Jones & Bartlett Publishers textbook Fundamentals of Fire Fighter Skills, Evidence-Based Practices, Enhanced Third Edition (New Jersey Edition) and companion Study Guide.

FF1 Course Number: **F1001 -**

For Official Use Only	
<b>Section 1</b>	
SSN Number:	_____
Name:	_____
Address:	_____
City, State, Zip:	_____
County:	_____
Telephones: Home:	_____
Work:	_____
Cell:	_____
Fax:	_____
Email:	_____
Date of Birth:	_____
Career FD Name:	_____
Career FDID Number:	_____
Volunteer FD Name:	_____
Volunteer FDID Number:	_____
	Received: _____
	Entered: _____
	By: _____
	<b>Section 2</b>
	Gender: <input type="checkbox"/> Male
	<input type="checkbox"/> Female
	Race: <input type="text"/>
	(Use Codes on 2nd Page)

**Section 3.** I do hereby certify that the foregoing statements made by me are true, and that I have received the Jones & Bartlett Publishers publications titled Fundamentals of Fire Fighter Skills, Evidence-Based Practices, Enhanced Third Edition (New Jersey Edition), and companion Study Guide. I further promise to reimburse the Division of Fire Safety \$46.75 for the above identified publications should I not satisfactorily complete the Firefighter 1 program. I give the Division of Fire Safety permission to change my personal information to reflect the changes indicated on this form should I possess a previously issued personal identification number.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Firefighter 1 Recruit—Personal Information Form Instructions

## Section

1. Enter your Social Security Number (SSN) and six digit DFSID if previously issued to you. The collection of the SSN is **mandatory**, and is collected under authority of N.J.S.A. 54:50-24 et seq. and Administrative Rule N.J.A.C. 5:3-1.2. The mandatory provision requires the collection of your SSN which enables both the Division of Fire Safety within the Department of Community Affairs and the Division of Taxation within the Department of Treasury to conduct more efficiently, the necessary background check before issuance, denial, renewal, suspension or revocation of a certification.

Please type or print clearly on the form. Provide your name, home address, county where you reside, contact telephone numbers, email, date of birth, and the career and/or volunteer fire department where you are a member. Leave the FDID number blank if you do not know the number. Please do not use your fire department address as your home address.

2. Please indicate your gender, race (using the codes provided below):

Use the following code numbers to indicate your race/national origin which best applies to your ancestral heritage. (**Providing this information is voluntary.**)

<u>Code</u>	<u>Description</u>
01	American Indian or Alaskan Native
02	Asian or Pacific Islander
03	Black, not of Hispanic origin
04	White, not of Hispanic origin
05	Hispanic

3. By your signature, you declare that you have received the received the Jones & Bartlett Publishers publications titled Fundamentals of Fire Fighter Skills, Third Edition (New Jersey Edition), and companion Study Guide. In addition, your signature promises that you will reimburse the Division of Fire Safety \$46.75 for the above identified publications should you not satisfactorily complete the Firefighter 1 program. Forward this “Personal Information Form” to the mailing address or fax number provided below.

## CONTACT INFORMATION

Questions concerning fire service certifications, training requirements and application procedures should be directed to the staff of the Office of Training and Certification from 8:30 a.m. to 4:30 p.m., Monday through Friday.

### Training Program Contact Numbers:

**Firefighter Certification: (609) 777-3552**

**Training Fax Number: (609) 341-3469**

**Training Email: [kent.neiswender@dca.nj.gov](mailto:kent.neiswender@dca.nj.gov)**

## MAIL ADDRESS

**Office of Training and Certification  
Division of Fire Safety  
P.O. Box 809  
Trenton, NJ 08625-0809**

## DOWNLOAD CERTIFICATION APPLICATION FORMS

**<http://www.nj.gov/dca/dfs/formsapps.shtml>**