

Firefighter II

Personal Information Form



Instructions: Please complete this form to update your current mailing address and contact information with the Division of Fire Safety. This form also acts to verify your receipt of the Jones & Bartlett Learning textbooks Fundamentals of Fire Fighter Skills and Hazardous Materials Response, Fourth Edition (New Jersey Edition), companion Study Guide and e-Book licenses.

FF2 Course Number:

F2001 -

For Official Use Only

Section 1

SSN Number:

Name:

Address:

City, State, Zip:

Telephones: Home:

Work:

Cell:

Personal Email:

Date of Birth:

Career FD Name:

Career FDID Number:

Career FD County:

Volunteer FD Name:

Volunteer FDID Number:

Volunteer FD County:

Received: _____

Entered: _____

By: _____

Section 2

Gender: ☐ Male

☐ Female

Race:

(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 Learning publications titled Fundamentals of Fire Fighter Skills and Hazardous Materials Response, Fourth Edition (New Jersey Edition), companion Study Guide and eBook licenses. I further promise to reimburse the Division of Fire Safety the State contracted unit price (\$53.50) for the above identified publications and eBook licenses should I not satisfactorily complete the Firefighter II 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 II - 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, 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 Learning publications titled Fundamentals of Fire Fighter Skills and Hazardous Materials Response, Fourth Edition (New Jersey Edition), companion Study Guide and e-Book licenses. In addition, your signature promises that you will reimburse the Division of Fire Safety the State contracted unit price (\$53.50) for the above identified publications and e-Book licenses should you not satisfactorily complete the Firefighter II 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) 292-6831**

Training Email: **steven.taylor@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

<https://www.nj.gov/dca/divisions/dfs/forms/>