

CERTIFIED FIRE PLAN EXAMINER RETEST APPLICATION

Send completed application to:
NFPA Certification Department
1 Batterymarch Park
(P) 617-984-7497 (F) 617-984-7127
Email: cfpe@nfpa.org
Web Page: www.nfpa.org/certification



For Internal Use Only

Date Received: _____
Database: _____
Payment Rcvd: _____

(TYPE OR PRINT ALL INFORMATION; INCOMPLETE APPLICATIONS WILL BE RETURNED)

Date of Retest Exam: _____
Test Site: (Name) _____
(Address) _____
Proctor's Name: _____
Ship Exam to: _____
Street Address: _____
Exams are shipped by UPS
Can not ship to a P.O. Box # _____
Proctor Phone No.: _____
Proctor Fax No.: _____

Please allow at least three weeks from date of request and exam date. Exam confirmation and Proctor Agreement will be emailed or faxed to the proctor. If confirmation and Proctor Agreement are not received, please contact the NFPA Certification Department.

The Written Examinations will be shipped to the Proctor approximately 48 hours prior to the scheduled exam. If the Written Examinations have not been received within this timeframe, please contact the NFPA Certification Department immediately.

Exams will only be sent for those individuals who are actively enrolled in the NFPA CFPE Program.
For your convenience, you may fax your exam scheduling form to NFPA's Certification Department at 617-984-7127.

APPLICANT NAME

The following fee is attached:

- US \$ 75.00 Retest Fee
 Check. *(Please make checks payable to NFPA Certification Department)*
 Credit Card: MasterCard VISA Discover American Express

Credit Card #: _____ Card Exp. Date: _____

Name on Card: _____ Signature: _____

APPLICANT NOTIFICATION ADDRESS

Signature: _____ Date: _____