



NC DEPARTMENT OF INSURANCE  
**OFFICE OF STATE  
FIRE MARSHAL**

## Fire and Rescue Instructor Qualification Application

**Please PRINT or TYPE**

Applicant's Name: \_\_\_\_\_

Last 4 Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_ (Required)

*Candidates must be certified a minimum of 5 years as a level I or II instructor with an Associate's Degree or 3 years with a Bachelor's Degree. Academic degrees must be from regionally accredited institutions with a minimum of an Associate's Degree [http://www.chea.org/pdf/CHEA\\_USDE\\_AllAccred.pdf](http://www.chea.org/pdf/CHEA_USDE_AllAccred.pdf)*

Date of Level I Instructor certification: \_\_\_\_\_

Date of Level II Instructor certification: \_\_\_\_\_

Date of Degree and Name of Institution: \_\_\_\_\_

**\*\*\*Attach a copy of Diploma/ College Transcript \*\***

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  
Certifications  
OSFMCertifications@ncdoi.gov  
1202 Mail Service Center  
Raleigh, NC 27699-1202  
Toll Free: (800) 634-7854  
Fax: (919) 715-0063