



NATIONAL ASSOCIATION OF FIRE INVESTIGATORS

857 TALLEVAST ROAD, SARASOTA, FLORIDA 34243

1-877-506-NAFI 941-359-2800

Certified Fire Investigation Instructor Application Instructions and Checklist

1. Read Certified Fire Investigation Instructors (CFII) Guidelines and Handbook. Retain Guidelines and Handbook for future reference.
- 2.. Complete pages 1-3 of the CFII Application. Attach any supporting certificates, diplomas, or awards.
3. Copy your application and retain for your records
4. Bring a copy of your application with you to the NAFI Sponsored Training Program.
5. Mail your application materials to: Executive Secretary
National Certification Board
857 Tallevast Road
Sarasota, FL 34243

Please allow 2-3 weeks for application processing and approval decisions, longer for international applications. You will be informed by mail only if your application is not approved by the National Certification Board.

After the NAFI office receives your completed test, please allow 2 weeks for processing.

The NAFI Membership Services staff is available Monday through Friday, 9-5 Eastern Time to answer questions regarding the Certified Fire Investigation Instructor Program, the application process, or the examination.



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APPLICATION FOR NAFI NATIONAL FIRE INVESTIGATION INSTRUCTOR CERTIFICATION

OFFICE USE ONLY: Member No. _____ Certification No. _____ Date of Certification _____

Seminar _____ Approved _____ Pending _____

Name: Mr. Mrs. Miss Ms.

First _____ Middle _____

Last _____

Name as you wish it to appear on NAFI records _____

Today's Date ____/____/____ NAFI Membership _____ - _____ # Expiration Date _____

Date of Birth ____/____/____ Place of Birth _____

Month Day Year (City/Town, State/Province & Country)

S.S.N./S.I.N. _____ - _____ - _____ Driver's License No. _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

CHECK PREFERRED MAILING ADDRESS: HOME OR BUSINESS

Residence:

Home Telephone (_____) _____ Facsimile (_____) _____

Home Address/Street _____

City/Town _____ State/Province _____

Country _____ Zip/Postal Code _____

Business:

Company Telephone (_____) _____ Facsimile (_____) _____

Company Name _____

Company Address/Street _____

City/Town _____ State/Province _____

Zip/Postal Code _____ Country _____

Current Title(s) _____

Number of Years and Months @ Co. _____ From: _____ To: _____

Name of Supervisor _____ Telephone # (_____) _____

Nature of Business _____

Description of Duties _____

FORMAL EDUCATION IN INSTRUCTING/TEACHING

Name of School	Courses Taken	Years Attended

SEMINARS AND IN-SERVICE TRAINING - INSTRUCTING/TEACHING RELATED

Subject Attended	Sponsor's Name	Dates

AWARDS AND COMMENDATIONS

Nature of Award	Awarded By	Year

PLEASE LIST ANY OTHER INSTRUCTING/TEACHING EXPERIENCE

Experience	Year

STATEMENT OF APPLICANT

I hereby make application to The National Association of Fire Investigators, National Certification Committee to be considered for certification as a Certified Fire Investigation Instructor by signing this application and paying the tuition fee.

As a member of NAFI, I agree to be governed by the Constitution, By-laws, rules, and Code of Ethics of the Association. I am of the opinion that I meet the requirements for NAFI membership and Certification.

I have carefully read the National Certification brochure. I understand and agree to the certification requirements, including the following:

- 1 In order to be governed by the rules, Constitution, By-laws, and Code of Ethics of the National Association of Fire Investigators, I must remain a member in good standing of NAFI in order to keep The National Fire Investigation Instructor.
- 2 I understand that payment of the tuition fee does not insure certification.
- 3 The National Association of Fire Investigators, upon issuing certification, bears no liability for any nonfeasance, malfeasance, errors or omissions upon my part, which may be proven or alleged, based upon my performance as a Certified Fire Investigation Instructor.
- 4 National Fire Investigation Instructor Certification is based upon the results of the examination and evaluation of my professional qualifications by the National Certification Committee. I understand that the committee's decisions are final.
- 5 Application for certification may be made only once in any 6-month period.
- 6 I authorize The National Association of Fire Investigators to conduct background investigations of my professional credentials and qualifications based upon the information, which I have supplied in this application, in order to ascertain my fitness for certification and to respond to inquiries as to my certification, qualifications and character.
- 7 I understand that the examination is to be completed, by myself, without help or consultation with any other individuals. I may not consult any published materials or literature during the answering of the examination questions. A minimum of 75% correct answers on the examination is required for certification.
- 8 I understand and agree that inclusion of my name on the register of NAFI Certified Fire Investigation Instructor is based upon active membership in NAFI, professional qualifications, passing the examination, and compliance with the NAFI Constitution, By-laws, rules and Code of Ethics. I may use as part of my professional qualifications that I am certified. I may direct inquiries about my certification to NAFI.
- 9 My signature upon this application demonstrates that I have read and understand all of the rules and regulations concerning NAFI, Fire Investigation Instructor Certification, and that all of the information included on this application is true and correct.

Signature of Applicant _____ Date _____

ATTENTION: Please Indicate the Training Program you will be attending

Location _____ Dates _____