

Firefighter Certification Program of New Brunswick (FCPNB)

Office of the Fire Marshal
Department of Justice and Public Safety
2nd Floor, Gibson Place
12 McGloin St., Fredericton NB E3A 5T8

Phone: 506-444-4493
Fax: 506-457-4899
Email: FCPNB@gnb.ca

APPLICATION TO APPEAL AN EXAM/ POLICY/ PROCEDURE / METHODOLOGY

Candidate Information – *please print clearly and do not use initials*

Surname	First Name	Middle Name
Address		
City	Province	Postal Code
Birth Date (mm/dd/yyyy)	Email	Phone Number (incl. area code)

Examination/Evaluation Information

- Written Exam
- Practical Skills Evaluation
- Policy
- Procedure
- Methodology

COMMENTS:

Date you were originally tested	NFPA Standard & Level
Evaluator's Name	Proctors Name

NOTE: A failure does not constitute an appeal. It is mandatory that you attach a **written explanation** as to why you were unsuccessful. Include all specific details and evidence to support your appeal, why you think you need a re-write, and the measures you will take to ensure you are successful on your re-write. The explanation should not be longer than 2 single sided pages, double spaced, at a 12-point font. Mail this form and supporting documentation to the address noted at the top of this form. You may also fax this information to the Office of the Fire Marshal at 506-457-4899.

I confirm that all information on this form is accurate and complete in all respects. I confirm that my attached written explanation is true.

Signature: _____

Date: _____