

- Attach any copies of out-of-province IFSAC/Pro Board certificates (with seal number clearly visible).
- Submit completed applications to [ma.certexam@gov.ab.ca](mailto:ma.certexam@gov.ab.ca).

## Personal Information Legal name only — NO nicknames.

Legal Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
*Last First Middle MM/DD*

Email: \_\_\_\_\_ Contact Number: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province/Territory: \_\_\_\_\_

By signing this declaration, I confirm that I have read and will abide to the following statements:

- I have successfully completed IFSAC/Pro Board certification for NFPA 1041 Level II.
- I will remain unbiased by not delivering the training to the candidates I am evaluating.
- I will not apply to evaluate or instruct any levels for which I am not qualified.
- I will not evaluate any person with whom I have a personal relationship.

I ensure that I have read the requirements specified by the Government of Alberta and that I will comply with these requirements. I understand that all evaluations and assessment material are subject to audit by Alberta Municipal Affairs and that failure to follow these requirements may result in the suspension of privileges as an evaluator and proctor with the Government of Alberta.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Office Use Only

Approved by:

Date: