New Certification Request Form
Certified Fire Alarm Designer

INSTRUCTIONS

There are 5 requirements for achieving a Certified Fire Alarm Designer (CFAD) Certification:

1. **Required Training and Certification**: Applicants must hold an active Certified Fire Alarm Technician (CFAT) Certification, and have taken and passed the Professional Fire Alarm Designer (PFAD) Course.
2. **Testing**: Passed the Certified Fire Alarm Designer (CFAD) Exam
3. **Work History form**: Outlines the required 60 months of work history in the field of fire alarm installation, inspection, testing, commissioning, project managing, plan preparation, or supervision.
4. **Experience Verification**: Must be completed by a supervisor responsible for the applicant's work verifying their competencies in specific subjects and skills. **This must be notarized**.
5. **Personal Recommendation Form**: must be completed by a professional who is familiar with the professionalism, ethical standards and technical abilities of the applicant. Examples of those that qualify to complete this form include: licensed professional engineers, registered land surveyors, certified fire engineers/designers, graduate engineers, scientists, senior level, fire marshals, code officials, or officials of other authorities having jurisdiction. ESA will not accept relatives or subordinates of the applicant.

If you have questions, please contact ESA/NTS at nts@ESAweb.org or 888-447-1689.

Applicant Information

Name: _____ Title: _____

Employer Name: _____

Home Address: _____

Address line 2: _____ Phone: _____

City/State/Zip: _____ Fax: _____

E-mail: _____

Signature: _____ Date: _____

For ESA/NTS USE ONLY

Date Received: _____

Training Confirmation: CFAT Expiry Date: _____ PFAD Completion Date: _____

Successful CFAD Examination Date: _____

CANDIDATE NAME: _____

Work History Form

Position 1

Title:_____ Employer: _____

Location:_____ Name of Supervisor: _____

Date Held: From_____ To _____

Duties Performed (Check all that apply):

☐Fire alarm installation
☐Fire alarm inspection
☐Fire alarm testing
☐Fire alarm commissioning
☐Fire alarm project management
☐Supervision of installers/technicians
☐Fire alarm plan preparation
☐Fire alarm planning and design

Description of work performed:

Position 2

Title:_____ Employer: _____

Location:_____ Name of Supervisor: _____

Date Held: From_____ To _____

Duties Performed (Check all that apply):

☐Fire alarm installation
☐Fire alarm inspection
☐Fire alarm testing
☐Fire alarm commissioning
☐Fire alarm project management
☐Supervision of installers/technicians
☐Fire alarm plan preparation
☐Fire alarm planning and design

Description of work performed:

Position 3

Title:_____ Employer: _____

Location:_____ Name of Supervisor: _____

Date Held: From_____ To _____

Duties Performed (Check all that apply):

☐ Fire alarm installation
☐ Fire alarm inspection
☐ Fire alarm testing
☐ Fire alarm commissioning
☐ Fire alarm project management
☐ Supervision of installers/technicians
☐ Fire alarm plan preparation
☐ Fire alarm planning and design

Description of work performed:

Position 4

Title:_____ Employer: _____

Location:_____ Name of Supervisor: _____

Date Held: From_____ To _____

Duties Performed (Check all that apply):

☐ Fire alarm installation
☐ Fire alarm inspection
☐ Fire alarm testing
☐ Fire alarm commissioning
☐ Fire alarm project management
☐ Supervision of installers/technicians
☐ Fire alarm plan preparation
☐ Fire alarm planning and design

Description of work performed:

CANDIDATE NAME: _____

Experience Verification (To be completed by work experience verifier(s))

Verifier - An individual who has the technical abilities and credentials to verify the applicant has the skills, knowledge, and competencies directly related to the certification for which the applicant is applying. Ideally someone who has inspected or approved the applicants work.

Name:_____ Title:_____

Email: _____ Phone: _____ Employer: _____

Registration/Certification/License Held (Include ID#, Issuing Entity, and Expiration):

My observation of the applicant occurred when I was employed:

Current Employer: _____

Previous Employer: _____

My observations of the applicant occurred as part of my role as:

- ◯ Applicants direct supervisor
- ◯ Applicants indirect supervisor responsible for applicant's work

If you selected indirect supervisor, please explain:

Observation of applicants work occurred during the following time frame:

From Month/Year: _____ To: _____

I certify that the applicant has repeatedly demonstrated an ability to:

Competency	Verifier's Initial
Describe why following fire system code requirements are imperative to life safety.	
Define and give examples of these terms: AHJ, RTL, and Listed.	
Differentiate between Codes and Standards.	
List the provisions for primary and secondary power requirements for fire systems.	
Explain how various types of smoke, heat, CO, and manual pull boxes operate and why a particular type might be better for a particular application.	
Name the six Classes and four Survivability Levels of fire alarm circuits.	
Identify the code mandated location and spacing requirements for smoke and heat detectors on smooth, flat, level, joisted, and beamed ceilings.	
Describe the differences between Public and Private-mode notification for evacuation, along with the proper spacing and location of both audible and visible appliances for both these applications.	
Identify when EVAC systems are required and/or preferable to use.	
List the provisions that have to be followed when installing relays to activate Emergency control functions.	

Compare the differences between commercial and household fire systems in regards to wiring, documentation, off-site communications, and testing.	
Name four emerging fire system technologies and how their incorporation into a commercial fire system may prove beneficial.	
Describe the different types of coverage permitted and required by the Building Code.	
Identify by letter the 10 different types of Commercial occupancies.	
Discuss possible design requirements of other stakeholders beyond the Building Code.	
Identify common fire protection goals of commercial building owners.	
Find detector or system solutions to address hazardous building contents or conditions.	
Describe the importance of properly integrating various emergency control functions with the fire alarm system.	
Intelligently select the initiating, supervisory and notification components best suited for their applications.	
Incorporate programming into fire alarm systems that can help combat nuisance alarms.	
Recognize the importance of including all proper documentation required by national codes both for the AHJ and the customer to maintain system integrity.	
Describe the functions provided by Phase I and Phase II elevator recall.	
Describe the differences, and list the installation provisions, for various transmission methods used to send signals to a supervising station.	
Specify the differences between functional testing, visual inspections and acceptance testing of fire alarm systems, and any required scheduled frequencies.	
Identify the test and inspection records and other documentation and paperwork that NFPA 72 requires be kept, and for how long.	

Statement of Verification: I verify that I have a personal knowledge of the candidate's performance related to each of the competencies that I have initialed above and that, in my best professional judgment and per government and industry standards and best practices, each initialed statement is true.

Signature:_____ Date: _____

Notary Acknowledgment Form For Experience Verification

State of _____

County of _____

On the _____ day of _____ in the year_____, before me, the undersigned notary public, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

_____ Notary Public

Provide a copy of your Notary Seal in the space provided below:

CANDIDATE NAME: _____

Personal Recommendation

This form must be completed by a professional who is familiar with the technical capabilities and background of the certification applicant. Recommender cannot also be both the work experience verifier. Recommenders should be able to attest to the technical quality, responsibility, and ethics shown in the applicant's work experience. This form may not be completed by a relative or subordinate of the certification applicant.

Name: _____ Title: _____

Employer Name: _____

Phone: _____ Email: _____

I am registered, certified, or licensed as: _____

by: _____

Registration/certification/license #: _____ Expiry Date: _____

Relationship with the Applicants

How long have you known the applicant? _____ years

How do you know the candidate?

- ☐ Work for the same company
- ☐ Associated through contracting activities
- ☐ Associated through professional activities
- ☐ Other _____

Recommendation of the Candidate

I attest to the best of my knowledge that the Candidate (check all that apply):

- ☐ Works to achieve the objectives of his/her job.
- ☐ Is attentive to his/her own work and to the work of others that impacts his/her own responsibilities
- ☐ Accepts responsibility for outcomes.
- ☐ Communicates clearly and effectively with work team members and clients.
- ☐ Has exhibited ethical behavior and his/her statements are truthful and do not conceal or hold back relevant information.

Statement of Verification: I verify that I have a personal knowledge of the candidate's performance and that, in my best professional judgment and per government and industry standards and best practices each statement made above is true.

Signature: _____ Date: _____