

**WRITTEN TEST – 2nd ATTEMPT
Mississippi Volunteer Fire Fighter
(2016 Version)**

Choose One: Level 1 (___) CFRT (___) NON- IFSAC Haz-Mat (___)

Request Form

THIS FORM MUST BE COMPLETED BY EACH STUDENT REQUESTING A 2nd ATTEMPT.

Name: _____ Last 4 digits of Social Security #: _____

E-Mail Address: _____

County: _____ Department: _____

Telephone Numbers: #1 _____ #2 _____

Mailing Address: _____

List the location of your Volunteer Fire Fighter - I course: _____

Who was the instructor for your course? _____

List the date you took the written exam (example: January 6, 2016): _____

Please indicate the date you desire to participate in the 2nd attempt:

(Your requested 2nd attempt date must be within 90 days after the date you initially took the written test)

_____ February 20, 2016

_____ April 16, 2016

_____ June 21, 2016

_____ August 9, 2016

_____ October 1, 2016

_____ November 12, 2016

Saturday - 8:00 a.m.

Saturday - 8:00 a.m.

Tuesday - 7:00 p.m.

Tuesday - 7:00 p.m.

Saturday - 8:00 a.m.

Saturday - 8:00 a.m.

Mississippi State Fire Academy

I understand:

- This form must be completed entirely; otherwise, it will not be accepted.
- **The MSFA must receive the completed form at least 10 workdays prior to the test date requested.**
- My grades will be sent to my course instructor.
- I must be present by the start of the test time; otherwise, I will not be allowed to participate in the test.
- I am allowed only one 2nd attempt at this test.

Signature

Date

Please forward this form, when completed, to:

Mississippi State Fire Academy
Attn: Office of Admissions
#1 Fire Academy U.S.A.
Jackson, MS 39208 FAX: 601-932-2819
dcollins@msfa.state.ms.us

**MSFA - PROGRAM TRACKING NUMBER
Course Delivery ID # VFF12- BLANK**