

WRITTEN TEST – 2nd ATTEMPT
Mississippi Volunteer Fire Fighter (2019)

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

MSVFO Level - 1 (___) MSVFO Level - 2 (___)

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, 2019): _____

Please indicate the desired date of participation for the 2nd attempt:

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

_____ February 23, 2019	Saturday - 8:00 a.m.	Mississippi State Fire Academy
_____ April 13, 2019	Saturday - 8:00 a.m.	Mississippi State Fire Academy
_____ June 18, 2019	Tuesday - 7:00 p.m.	Mississippi State Fire Academy
_____ August 6, 2019	Tuesday - 7:00 p.m.	Mississippi State Fire Academy
_____ September 14, 2019	Saturday - 8:00 a.m.	Mississippi State Fire Academy
_____ November 09, 2019	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 by email to my instructor and me within ten (10) business days.
- 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 to:

Mississippi State Fire Academy
Attn: VFF Coordinator
#1 Fire Academy U.S.A.
Jackson, MS 39208
FAX: 601-932-2819
or King@msfa.ms.gov