



**NFPA Certified Fire Inspector I & II and Certified Fire Plan Examiner  
3-YEAR RECERTIFICATION SUBMITTAL FORM**

Certification Type: \_\_\_ Fire Inspector I \_\_\_ Fire Inspector II \_\_\_ Fire Plan Examiner

Certificate #: \_\_\_\_\_ Certificate Date: \_\_\_\_\_

Name: \_\_\_\_\_

Business/Organization \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Business \_\_\_ Residence \_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Province: \_\_\_\_\_ Country: \_\_\_\_\_ Country Code: \_\_\_\_\_

Tel #: ( ) - \_\_\_\_\_ Fax #: ( ) - \_\_\_\_\_ Email: \_\_\_\_\_

Note: Please include the *Recertification Fee of \$130* with this submittal.

**Instructions:**

1. Collect your *Documentation* of 60 hours of professional development. Refer to the *Recertification Requirements Chart* for information about the allowed categories and point allotments.
2. Complete the *Recertification Points Form* and total the amount of points submitted.
3. Complete and sign the *Recertification Submittal Form*.
4. Submit your *Documentation*, the *Recertification Points Form*, the *Recertification Submittal Form*, and the *Recertification Fee* to the NFPA Certification Department.

Amount Enclosed \$ \_\_\_\_\_

Check. (*Please make checks payable to NFPA Certification Department*)

Purchase Order PO# \_\_\_\_\_ (*Please enclose copy of PO*)

Credit Card:  MasterCard  VISA  Discover  American Express

Credit Card #: \_\_\_\_\_ Card Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

I, \_\_\_\_\_, certify that all information contained in this application, is accurate and truthful, to the best of my knowledge, and that I am aware that any false entry will be considered sufficient cause for revocation of my certification at any time during the certification term. I agree that at any time during the term of certification any improper conduct on my behalf will result in my certification being revoked. I understand that I am prohibited from transmitting information regarding examination questions or content in any form to any person or entity, and understand that failure to comply with this prohibition may result in my certification being revoked and/or legal action being taken against me. I agree to accept the decision of the NFPA as to my eligibility for certification. I authorize verification of all information in this application. I also release all concerned from any liability arising from this application or certification.

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

NFPA Certification Department, One Batterymarch Park, Quincy, MA 02169 Tel: (617) 984-7497 Fax: (617) 984-7127  
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**CFI-I & II and CFPE RECERTIFICATION POINTS FORM**

Name: \_\_\_\_\_

Certificate #: \_\_\_\_\_

Certification Type:  Fire Inspector I  Fire Inspector II  Fire Plan Examiner

Category	Course Name	Date(s) Attended	Points	Description

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**NFPA CERTIFIED FIRE INSPECTOR I & II AND CERTIFIED FIRE PLAN EXAMINER  
RECERTIFICATION REQUIREMENTS CHART (3-year cycle)**

In order to maintain currency and relevancy in the Fire Inspector and Fire Plan Examiner fields of practice, certificate holders are required to submit a minimum of sixty (60) points of documented professional development for recertification. The 60 points must be submitted during the 3-year Recertification cycle and must be related to the specified fire inspector or fire plan examiner profession.

PROFESSIONAL DEVELOPMENT CATEGORY	POINT ALLOTMENT	MINIMUM POINTS	MAXIMUM POINTS	REQUIRED DOCUMENTATION*
Professional Practice of certificate holder	1/2 point per inspection or plan review	0	30	Letter from employer/supervisor
Association Membership of certificate holder	1 point per association membership per year	0	10	Copy of membership for period
Instructing or lecturing by certificate holder	2 points per contact hour	0	45	Letter from employer
Publication by certificate holder	5 points per article 10 points per book	0	15	Copy of article Copy of title page identifying author
<b>A MINIMUM OF 15 POINTS IS REQUIRED IN THE FOLLOWING CATEGORY:</b>				
Training received by certificate holder	1 point per contact hour 1 CEU = 10 contact hours	15	60	Certificate copy, letter from presenter, or description of training with letter from supervisor.

**\*DOCUMENTATION**

Reasonable proof of attendance/participation in the described categories will be accepted. Reasonable includes copies of agendas, rosters, or other descriptive program materials which have been signed and dated by the presenter/sponsor indicating the certificate holder's attendance. The certificate holder is required to sign these descriptive materials as an attestation of their attendance.