

About the Department Agreement Form:

- Departments inquiring about this year's eligibility list **MUST** submit the form included with this agreement.
- Department volunteers who can assist with and monitor the physical ability testing must supply their contact information on this form.
 - Assistance from departments is needed for each of the CPAT testing dates. ***If you do not have an assistant to send, please fill out and return the form anyway.*** Please list your contact information and someone will be in touch with you as the testing date approaches.
 - Department volunteers are encouraged to attend an orientation session so that they can be updated on rule changes and the course layout.
- Department CPAT Licenses:
 - The form asks for an IAFF License Number, all departments with current licenses are listed on the IAFF website at the following link:
<http://client.prod.iaff.org/#contentid=8842>
 - Department CPAT licenses are required by the IAFF/IAFC for any department that hires full time firefighters. The process is free. Please contact Scott Merrill if your department does not yet have a license and needs assistance.
- The completed form **MUST** be signed before being submitted.
- The completed form can be submitted in person, via postal mail, faxed, or scanned and emailed to cpat@dos.nh.gov

For any questions regarding NH State Entrance Testing, please contact the Division as cpat@dos.nh.gov.

Please return your department agreement with your contact information, candidate application for testing, and reference dates ASAP. We need assistance and your help is greatly appreciated!

CPAT and Eligibility List Department Agreement Form

Department Name: _____ IAFF License Number: _____

Department Chief: _____ Chief's Email Address: _____

Send the final list to the following email address: _____

Contact person for State Entrance Testing: _____

Contact Name: _____ Phone: _____

Contact person's email address: _____

Number paid career FF's _____ Call Members _____ If Volunteer dept. check box ☐

NOTE: If you need to update your department's demographic information with the Division, here is the online link: <https://nhfa-ems.com/fire-resources/update-your-department-information/>

Member(s) to assist with and monitor the physical ability testing:

Assistant: _____ Best contact phone: _____
Email: _____

Assistant: _____ Best contact phone: _____
Email: _____

Assistant: _____ Best contact phone: _____
Email: _____

Chief or Authorized Signature: _____

Signature: _____

Print Name/Rank: _____

Email: cpat@dos.nh.gov