

Please complete the application form, print it, attach required documentation, and email with payment. IAAI Member No.: Date: Membership in the IAAI is not required. This information is requested to assist the staff in processing the application. Last Name: First Name: Home ☐Work ☐ Apt. No.: Address: \_\_\_\_\_\_\_ City:\_\_\_\_\_ State: Country: Zip: Phone/Cell: Email: CFITrainer.net User Name (Email): If same as above write "Same" **PAYMENT: Members:** \$90.00 USD Non-Members: \$325.00 USD Sign up for membership now and save! www.firearson.com Email application to IAAI-FIT@firearson.com as **one** complete PDF document with supporting documentation (signed and dated employer letter, CFITrainer.net transcript, copies of certificates not included on CFITrainer transcript). An invoice will be created for applications received without credit card payment. The invoice can be paid online in your profile, by calling the IAAI office or by mailing a check payable to: IAAI, 2331 Rock Spring Rd., Forest Hill, MD 21050 By submitting this application to the IAAI, with all required documentation, either via mail or electronic communications, the applicant certifies this information to be true and correct to the best of their knowledge and certifies that they have read and understand the program requirements. The intentional submission of false information as part of this application will be cause for immediate rejection of the application and potentially subject the applicant to other penalties, including removal of IAAI member benefits. Applicant's signature: Date:



## IAAI-FIT Application International Association of Arson Investigators, Inc. Fire Investigation Technician

Applicants Last Name:					
Payment method:	□VISA	□мс	□AMEX	Check No.:	P.O. No. <u>:</u>
Card Number:				_Security Code:	
Name on Card:				_Expiration Date:	
Billing Address ( <i>if dif</i>	ferent from ab	ove):			
Signature <u>:</u>					
Email Receipt to:				O	

## **IAAI-FIT Application**

**WORK EXPERIENCE**: You must have a minimum of 18 months of general experience in a fire investigation related industry. Please provide documentation to support your experience such as a letter from your employer or employment records.

Current Employer:		Office Use Only
Position		
Address:		
Phone:	Supervisor:	
Years of Experience	Dates:	
•	From: To:	
NOTE: Letter from employer m	ust be included	
Previous Employer:		Office Use Only
Position		
Address:		
Phone:	Supervisor:	
Years of Experience	Dates:	
	From: To:	
NOTE: Letter from employer m	ust be included	
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**TRAINING & EDUCATION:** Please provide information regarding the training courses that you are submitting in support of your application for the Fire Investigation Technician Program. Supporting documentation can either be contained in a transcript or on a course certificate. All documentation will be subject to approval. Additional pages may be attached if necessary.

	Course Title	Date	Tested	Office Use
	Note: Include CFITrainer.net transcript and copies of other certificates.		Hours	Only
Track	CFITrainer.net-Ethics and the Fire Investigator		3	
Α	CFITrainer.net-NFPA 1033 and Your Career		2	
	CFITrainer.net-The Practical Application of the		2	
	Relationship Between NFPA 1033 and NFPA 921			
	Comprehensive Fundamental Fire Investigation Course Specify:		40 minimum	
OR				
Track B	CFITrainer.net-Documenting the Event		4	
	CFITrainer.net-Ethics and the Fire Investigator		3	
	CFITrainer.net-NFPA 1033 and Your Career		2	
	CFITrainer.net-The Practical Application of the		2	
	Relationship Between NFPA 1033 and NFPA 921			
	CFITrainer.net-The Scientific Method for Fire and	3	2	
	Explosion Investigation		3	
	1.			
	2.			
	3.			

	4.						
	5.						
	6.						
	7.						
	8.						
	9.						
	10.						
	Total Tested I	Hours (Minimum of 44)					
OFFICE USE ONLY:							
Level 1:	Level 2:	Level 3:		FIT Date:			