

Fire Investigator Re-Certification Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Email: _____

Fire Department: _____

FSTB ID#: _____

(first 5 letters of last name + last 4 of SSN)

Please review the Fire Investigator Procedures Guide for additional re-certification requirements (Available on the FSTB website, on the Certification page).

Re-Certification Fee: \$25.00 (covers 3-year period)

Method of Payment: Check Bill FD Credit Card (contact FSTB at 515-294-6817)