



# IAAI-FIT Application

International Association of Arson Investigators, Inc.  
Fire Investigation Technician

Please complete the application form, print it, attach required documentation, and mail with payment to the address below.

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: \_\_\_\_\_ M.I.: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_ Email: \_\_\_\_\_

CFITrainer.net User Name (Needed to activate examination): \_\_\_\_\_

**PAYMENT:** **Members**, pay an introductory rate of **\$70.00 USD** if you apply by **December 31, 2009!**

**Members:** \$90.00 USD (after 12/31/09)

**Non-Members:** \$185.00 USD

*Sign up for membership now and save!* <http://www.firearson.com/membership/MemberBenefits.asp>

Payment method:  VISA  MC  AMEX Check No.: \_\_\_\_\_ P.O. No.: \_\_\_\_\_

Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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:** \_\_\_\_\_

Make checks payable to IAAI.  
Send to:  
IAAI FIT  
2151 Priest Bridge Drive, Suite 25  
Crofton, MD 21114

## International Association of Arson Investigators, Inc. 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: _____	
Letter from Employer attached? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Previous Employer:		Office Use Only
Position		
Address:		
Phone:	Supervisor:	
Years of Experience	Dates: From: _____ To: _____	
Letter from Employer attached? Yes <input type="checkbox"/> No <input type="checkbox"/>		

**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 Hours	Office Use Only
Track A	CFITrainer.net-Ethics Module		3	
	CFITrainer.net-Fire & Explosives Investigation: Utilizing NFPA 1033 & 921 Module		4	
	Comprehensive Fundamental Fire Investigation Course Specify:		40 minimum	

**OR**

Track B	CFITrainer.net-Ethics Module		3	
	CFITrainer.net-Scientific Method Module		3	
	CFITrainer.net-Documenting the Event Module		4	
	CFITrainer.net-Fire & Explosives Investigation: Utilizing NFPA 1033 & 921 Module		4	
	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			
8.				
9.				
10.				

**Total Hours (Minimum of 44):**

OFFICE USE ONLY:

Level 1:

Level 2:

Level 3:

FIT Date: