

This form MUST accompany the registration form for any Fire Fighter I/II (Bridge) or Fire Fighter Recertification course. A candidate will not be allowed in the program if the Alabama Fire College does not have a completed/passed CPAT form on file. Any incomplete form will be returned and will jeopardize your standing in the program.

**CANDIDATE INFORMATION**

Candidate Name			
LAST	First	Middle Initial	Suffix

Last 4 digits of Candidate's SSN			

Date of CPAT	This physical ability evaluation shall be valid for no more than one (1) year from the date of test.

**TEST INFORMATION**

Location	Date	CPAT Administrator (Print)	CPAT Administrator Signature

**CPAT Administrator:** By signing this form, you attest that the candidate has successfully completed CPAT. Verification must be made available upon request.

Candidate Signature	Date

Email completed form to: [registration@alabamafirecollege.org](mailto:registration@alabamafirecollege.org)

Email your form

