



OFFICE OF THE ILLINOIS STATE FIRE MARSHAL

JB Pritzker, Governor
Matt Perez, State Fire Marshal

ARSON INVESTIGATOR – APPLICATION FOR CERTIFICATION

APPLICANT'S NAME: _____ D.L. # _____

Home Address: _____ Phone (____) _____

FIRE DEPT. MEMBERSHIP: _____ Phone (____) _____

Address: _____ Date: _____

CERTIFICATION PREREQUISITE

1. Successful completion of Modules I, II and III of the Fire Investigator Course
AND
2. Successful completion of an Arson Investigator course approved by the Division and the Illinois Law Enforcement Training and Standards Board, or provide proof of equivalent courses to be evaluated by the Executive Director of the Illinois Law Enforcement Training and Standards Board. **(ATTACH CERTIFICATE)**

I attest that all information and documentation on or attached to this application is accurate.

Applicant's signature

I certify that the information and documentation on or attached to this application is accurate. Records or maintained in this department to substantiate the contents of this Application.

Fire Chief or Police Chief's signature