



# Louisiana Fire & Emergency Training Academy

## Certification Division

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### Written Certification Exam Site Application

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------|
| <b>FDID (if applicable)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Department/Agency Name</b> | <b>Is there a specific name or room # assigned to this requested space? Please specify below.</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                                                                                                   |
| <b>Physical Address of Department/Agency Requesting the Site approval</b>                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>Physical Address of the request site (if different from Dept./agency address):</b>             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                                                                                                   |
| <b>Requester's Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Title</b>                  | <b>Email Address</b>                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                                                                                                   |
| <b>Phone Number of Requester</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               | <b>Phone Number of Facility</b>                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                                                                                                   |
| <b>Answer the questions below:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |                                                                                                   |
| 1. Is the requested space enclosed with 4 walls to ensure that distractions from outside sources will not occur? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                   |                               |                                                                                                   |
| 2. Is the testing environment HVAC (climate) controlled? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                           |                               |                                                                                                   |
| 3. Is there adequate lighting throughout the requested space? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                      |                               |                                                                                                   |
| 4. Are there any surveillance cameras located at this facility? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                    |                               |                                                                                                   |
| a. Would access to video footage be available for review by LFETA personnel? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                       |                               |                                                                                                   |
| b. How long is video footage available before it is overwritten? _____ Hours/Days/Weeks                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                   |
| 5. Are there restroom facilities in close proximity to the testing area? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please note on plan)                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                   |
| 6. An adequate width at a table for one tester is 3ft. A minimum of 6ft can seat two testers and so on. Based on those guidelines, how many testers can the requested space hold? _____ testers<br>(verification of tables, chairs, etc will be conducted at site review)                                                                                                                                                                                                   |                               |                                                                                                   |
| 7. Will there be events scheduled in other parts of the facility at the same time as testing, which may be distracting to test takers? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                             |                               |                                                                                                   |
| 8. Will this testing facility be open to testing candidates from outside of your organization (to be scheduled with the hosting facility)? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                         |                               |                                                                                                   |
| <b>LFETA will schedule an on-site visit by Certifications Department Personnel to determine the suitability of the proposed space for testing purposes. LFETA personnel will collect pictures of the proposed space to be used, and a sketch or building plan diagram of the space, including dimensions, exits, and bathroom facilities. If surveillance cameras are present in the space, please be ready to provide an image from the cameras overlooking the space.</b> |                               |                                                                                                   |
| <b>By signing below, I understand the policies of requesting to be an approved LFETA Certification Testing Facility</b>                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                   |
| <b>Printed Name</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Signature</b>              | <b>Date</b>                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                                                                                                   |
| <b>For Office Use Only:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               |                                                                                                   |
| Date Received:                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Date Processed:               | Approved By:                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                                                                                                   |