

	Louisiana Fire & Emergency Training Academy Certification Division		Date Processed					
	6868 Nicholson Drive • Baton Rouge, LA 70820 Office: (225) 251-6417 Fax: (225) 765-5050		Processed By					
	Louisiana Duplicate Certificate Application Form		Certificate Code					
* First Name		* Middle Name or Initial		* Last Name				
* Address			Apt/Lot #:					
* City			* State	* Zip Code				
* Phone Number		* Other Number (i.e., cell phone)						
* Last 4 digits of SSN	* DOB (MM/DD/YYYY)	* Email Address						
* Select Levels (\$20.00 per certificate level requested):								
#1	Std Yr	Level	#2	Std Yr	Level	#3	Std Yr	Level
<input type="checkbox"/>		Hazmat Awareness	<input type="checkbox"/>		Telecommunicator II	<input type="checkbox"/>		Fire Instructor III
<input type="checkbox"/>		Hazmat Operations	<input type="checkbox"/>		Rope Rescue I & II	<input type="checkbox"/>		IFB-Incipient
<input type="checkbox"/>		Hazmat Technician	<input type="checkbox"/>		Confined Space I & II	<input type="checkbox"/>		IFB-Advanced Exterior
<input type="checkbox"/>		Hazmat Incident Command	<input type="checkbox"/>		Fire Officer I	<input type="checkbox"/>		IFB-Interior Structure
<input type="checkbox"/>		Firefighter I	<input type="checkbox"/>		Fire Officer II	<input type="checkbox"/>		Incident Safety Officer
<input type="checkbox"/>		Firefighter II	<input type="checkbox"/>		Fire Officer III	<input type="checkbox"/>		Public Fire Educator I
<input type="checkbox"/>		Firefighter III	<input type="checkbox"/>		Fire Officer IV	<input type="checkbox"/>		Public Fire Educator II
<input type="checkbox"/>		ADO Pumper	<input type="checkbox"/>		Fire Inspector I	<input type="checkbox"/>		Other:
<input type="checkbox"/>		ADO Aerial	<input type="checkbox"/>		Fire Inspector II	<input type="checkbox"/>		Other:
<input type="checkbox"/>		ADO Mobile Water Sup.	<input type="checkbox"/>		Fire Investigator	<input type="checkbox"/>		Other:
<input type="checkbox"/>		Airport Firefighter	<input type="checkbox"/>		Fire Instructor I	<input type="checkbox"/>		Other:
<input type="checkbox"/>		Telecommunicator I	<input type="checkbox"/>		Fire Instructor II	<input type="checkbox"/>		Other:

Total levels
checked:

X \$20.00 = Total Amount Due

Method of
Payment:

- ☐ Check or money order, payable to LASFM
- ☐ Credit card (for security purposes, we will contact you by phone to obtain card information)

Return form and payment in person or to the mailing address at the top of this form.

LFETA Administration Only		
Approved by: _____	Signature: _____	Date: _____
Date logged into Certificate Registry: _____	Date Certificate(s) Mailed: _____	
Revised: 10/2022		