



State Fire Marshal – Training Division

Retest Option Form



Test Date: _____ Test Location: _____ Test Time: _____

This application form is for a candidate who has failed a PSE or Written examination. No examination will be scheduled less than 15 calendar days after the date of the initial failed examination notification, which shall be the postmark date of the failure letter issued by the Training Division office. Retest option applications can be submitted at any time, but must be received no less than 10 days before the next requested examination test date. **Please write legibly.**

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Current Fire Department/Organization: _____

Student ID #: _____ Telephone Number: _____

Last Test Date: _____ Retest Option For: _____

Applicant Signature: _____

Please return this form to:
State Fire Marshal – Training Division
3347 West Capital Avenue
Grand Island, NE 68803

Or you can e-mail this form to corina.kuta@nebraska.gov
3rd Retest Payment can be made here: <https://sfm.nebraska.gov/fees>

For Internal Use Only

Retest Option #:	2	3	4	Payment:
Test #:				Score:
Exam Date:				NE Certificate #:
IFSAC #:				NPQS #:

Application and certification fee (if applicable) must be submitted to the Training Division office prior to the test date. If application and payment (if applicable) are not received, it will cause a delay in results being mailed out. 3rd time retest option fee is \$25.00.