

**FIRE APPARATUS SKILLS TEST
WAIVER - CERTIFICATION FORM**

B-389 Rev. 12-2024

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
60 STATE STREET, WETHERSFIELD, CT 06161



APPLICANT INFORMATION:

NAME	CT OPERATOR #
ADDRESS <small>(City or Town)</small>	<small>(State)</small> <small>(Zip Code)</small>

CERTIFICATION OF APPLICANT

I certify that I possess the skills necessary for the operation of fire apparatus and request a Q endorsement be issued on my license.

I certify under penalty of perjury that the information on this form is true and correct to the best of my knowledge, information and belief.

SIGNATURE X	DATE
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CERTIFICATION OF COMMANDING OFFICER

I request the issuance of a Q endorsement for the service member named and certify: (I) service in a military fire department, (II) holding of a military license to operate a fire apparatus, and (III) satisfactory licensed operation of fire apparatus while so serving; or (IV) qualifying military training and experience of a class of vehicle set forth in 49 CFR 383.77(a)(2) or 49 CFR 383.77(b)(2) as amended from time to time.

PRINT COMMANDING OFFICERS NAME/RANK

I certify under penalty of perjury that the information on this form is true and correct to the best of my knowledge, information, and belief.

SIGNATURE X	DATE
PHONE NUMBER	E-MAIL