



Canadian Association of Fire Investigators

310 – 1390 Prince of Wales Drive

Ottawa, Ontario K2C 3N6

Phone: 613.228.1934

Canadian Certified Fire Investigator Level C Designation Proctor Agreement

Re: Applicant _____

The Canadian Association of Fire Investigators thanks you for volunteering to proctor the Canadian Certified Fire Investigator Level C exam.

Applicants applying to write the CCFI-C exam must write the exam in the presence of a CAFI approved proctor of the applicant's choice. Acceptable proctors include: any member of the CAFI National Executive or Regional Director; university or college faculty members; a government official; a current Canadian Certified Fire Investigator Level C (CCFI-C); a current Certified Fire and Explosion Investigator (CFEI); a Chartered Insurance Professional (CIP); a Fire Chief or Assistant Fire Chief or Fire Marshal or Fire Commissioner; a Police Officer; a lawyer; or a certified testing center. Proctors may not include subordinates or relatives of the applicant.

This form must be completed and returned to the Canadian Association of Fire Investigators head office (either by email to cafi@cafi.ca (as a scanned pdf document) or by mail addressed to the CAFI office at the above mentioned address. Upon receipt of this completed form, and the applicant's completed forms, the exam will be forwarded to you.

I agree to the following:

1. The exam must be completed no later than 30 days from the date of receipt.
2. I will personally observe the applicant throughout the exam.
3. I will enforce the guidelines/instructions included with the exam package.
4. I will not copy or reproduce the exam under any circumstances.
5. I will not permit the applicant, or any other person, to reproduce the exam under any circumstances.
6. I confirm that I qualify as a CAFI approved proctor.
7. I will return the completed exam in the self-addressed return envelope provided to the Canadian Association of Fire Investigators within three (3) business days of the exam.
8. I will not allow the applicant to receive any unauthorized assistance nor utilize any reference materials while taking the exam.
9. I understand that the applicant has a maximum of two (2) hours to complete the exam.
10. I understand that I will not be paid for this service.
11. I acknowledge and agree that CAFI will not be responsible for any costs incurred in the administration of the exam.

Proctor Name (please print) _____

CAFI Approved Occupation _____

Employer _____ Position (Title) _____

Telephone # _____ Cell # _____ Email address _____

Mailing Address (no PO Box #) _____

Signature _____ Date _____