



Phone: (708) 579-2064 [cpat@sufd.org](mailto:cpat@sufd.org) [www.sufd.org](http://www.sufd.org)

## CPAT

### ONE-TIME TEST OUT Challenge

## Instructions

Candidates electing to participate in an Open Test challenge should be aware that they will be waiving Orientation and any practice.

1. Review the **CPAT TESTING SCHEDULE** and decide when you would like to challenge the test. Open Test challenges are allowed at scheduled **TIMED Course Practices** and scheduled **TEST** dates only.
2. Send an email to **CPAT@sufd.org** to request an appointment time to challenge the test. (Appointment times are generally available from 8am to 9am on these dates. Additional times may be added if needed, at the discretion of SUFD.)  
**Note: Appointments are made by email only. DO NOT CALL.**
3. Complete the **REGISTRATION Packet**
4. Bring the following to your appointment:
  - Completed Open Registration Packet
  - CHECK for \$165 made payable to SUFD (cash, cashier's check or money order also accepted – **NO** Credit Cards)  
**\*\*\*PAYMENT MUST BE MADE BEFORE YOU CHALLENGE THE TEST\*\*\***
  - Driver's License
5. Proper attire is required to challenge the test. For safety reason you are required to wear long pants, a t-shirt or sweatshirt, and gym shoes (footwear without an exposed heel or toe.) Additionally you cannot wear any loose or restrictive jewelry, including watches. No shorts or sandals are allowed. Candidates not adhering to this dress code will not be allowed to participate in any CPAT activities.
6. You will receive your CPAT card on the day, you pass the test.
7. If you do not pass and wish to challenge the test at a future date you will need to complete this entire process (requesting an appointment, completing another registration form, etc.)

SOUTHWEST UNITED FIRE DISTRICTS HIGHLY RECOMMENDS THAT CANDIDATES WHO WISH TO DO AN OPEN TEST CHALLENGE REVIEW THE CPAT VIDEOS AVAILABLE ON THE WEBSITE.



**CPAT Orientation/Practice/Testing FACILITY LOCATION**

Chicago Roofers Apprenticeship Office/ Training Facility

Roofers Road entrance (Private road at approximately 7014 S. Wolf Rd. Indian Head Park, IL 60525)

**CPAT FULL SESSION Candidate Registration**

The Full Session includes the Orientation, 2 Station Practices, 2 Timed-Course Practices and a CPAT Test and ladder climb.

**CPAT ONE-TIME TEST OUT Registration**

This is for a ONE-TIME try to challenge the CPAT course and includes the ladder climb.

LAST NAME		FIRST NAME	
HOME ADDRESS		CITY, STATE, ZIP	
HOME PHONE	CELL PHONE	EMAIL ADDRESS	
HEIGHT:		DRIVERS LICENSE #	
WEIGHT:			
GENDER		(FOR OFFICE USE) PAYMENT METHOD	
DATE OF BIRTH		<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order	
<p>Payment is required with registration. <b>A \$25 fee will be charged for returned checks.</b>          No refunds will be given for cancellations after the start of Session Orientation.</p>			

**FIRE SERVICE EXPERIENCE:** (√ only one)

- Career Department
- Federal Department
- Military
- Volunteer
- None

**AGE GROUP:** (√ only one)

- 18-29                       40-49
- 30-39                       50-59

**ETHNICITY:** (√ only one)

- American Indian
- Black or African American
- Native Hawaiian or Pacific Islander
- Alaska Native
- Hispanic or Latino (of any race)
- Two or more races
- Asian
- White/Caucasian
- Other

**Please list any medical conditions, cautions or issues that the academy staff should be aware of during testing.**

**Please list any medications and dosages that you are taking (including O/T/C).**

**IN CASE OF EMERGENCY, I AUTHORIZE YOU TO CONTACT:** (Please PRINT)

**LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** ( ) \_\_\_\_\_

**I attest that all information provided on this form is true and accurate to the best of my knowledge.**

**CANDIDATE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



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## CANDIDATE PHYSICAL ABILITY TEST (CPAT)

### WAIVER OF CLAIM FOR INJURY

This form must be signed before you will be permitted to access the Candidate Physical Ability Test (CPAT) testing station for any Practice Session or Test Session. This form covers all practice events and actual test administration.

You will be asked to perform eight (8) physical tasks and will be given specific instructions (by videotape and proctors) in the manner in which these physical tasks are to be performed. The eight (8) physical tasks are:

1. STAIR MASTER
2. HOSE DRAG
3. EQUIPMENT CARRY
4. LADDER RAISE AND EXTENSION
5. FORCIBLE ENTRY
6. SEARCH
7. RESCUE
8. CEILING BREACH AND PULL

I have read and understand the physical effort which this Candidate Physical Ability Test involves. I am physically capable of participating in this test. I hereby waive any and all claims for or arising out of any injury I might sustain or incur as a result of participating in the Candidate Physical Ability Test (CPAT). I voluntarily participate as part of my application for employment.

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Last Name (please print)

First Name

MI

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Applicant Signature

Date



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# DEPARTMENT DECLARATION FORM

As of March of 2009, the IAFC and IAFF are requiring testing agencies to track candidates and the departments they are testing for. **Please mark the boxes of the departments you are testing for. If you do not locate the department you are testing for, please check OTHER and write the name of the department.** If you test for another department, you must notify us and we will change this sheet.

Name: \_\_\_\_\_ Date \_\_\_\_\_

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Addison               | <input type="checkbox"/> Homewood           | <input type="checkbox"/> Palos                 |
| <input type="checkbox"/> Alsip                 | <input type="checkbox"/> Huntley Fire Dist. | <input type="checkbox"/> Palos Heights         |
| <input type="checkbox"/> Alton                 | <input type="checkbox"/> Itasca             | <input type="checkbox"/> Park Ridge            |
| <input type="checkbox"/> Arlington Hts         | <input type="checkbox"/> LaGrange           | <input type="checkbox"/> Plainfield            |
| <input type="checkbox"/> Aurora                | <input type="checkbox"/> Lake Forest        | <input type="checkbox"/> Pleasantview FPD      |
| <input type="checkbox"/> Bedford Park          | <input type="checkbox"/> Lake in the Hills  | <input type="checkbox"/> Prospect Heights      |
| <input type="checkbox"/> Bloomingdale          | <input type="checkbox"/> Lake Zurich        | <input type="checkbox"/> Schaumburg            |
| <input type="checkbox"/> Bolingbrook           | <input type="checkbox"/> Lansing            | <input type="checkbox"/> Skokie                |
| <input type="checkbox"/> Champaign             | <input type="checkbox"/> Libertyville       | <input type="checkbox"/> St. Charles           |
| <input type="checkbox"/> Chicago               | <input type="checkbox"/> Lincolnwood        | <input type="checkbox"/> Streator              |
| <input type="checkbox"/> Countryside FPD       | <input type="checkbox"/> Lockport           | <input type="checkbox"/> Sycamore              |
| <input type="checkbox"/> Crystal Lake          | <input type="checkbox"/> McHenry Township   | <input type="checkbox"/> Urbana                |
| <input type="checkbox"/> Darien-Woodridge      | <input type="checkbox"/> Minooka            | <input type="checkbox"/> Vernon Hills          |
| <input type="checkbox"/> Decatur               | <input type="checkbox"/> Morton Grove       | <input type="checkbox"/> Village of Streamwood |
| <input type="checkbox"/> Deerfield-Bannockburn | <input type="checkbox"/> Mt Prospect        | <input type="checkbox"/> Village of Wheeling   |
| <input type="checkbox"/> East Peoria           | <input type="checkbox"/> Naperville         | <input type="checkbox"/> Waukegan              |
| <input type="checkbox"/> Elgin                 | <input type="checkbox"/> Niles              | <input type="checkbox"/> West Chicago          |
| <input type="checkbox"/> Elmhurst              | <input type="checkbox"/> NIPSTA             | <input type="checkbox"/> West Dundee           |
| <input type="checkbox"/> Forest Park           | <input type="checkbox"/> Normal             | <input type="checkbox"/> Westmont              |
| <input type="checkbox"/> Frankfort             | <input type="checkbox"/> North Maine FPD    | <input type="checkbox"/> Wheaton               |
| <input type="checkbox"/> Geneva                | <input type="checkbox"/> Northbrook         | <input type="checkbox"/> Wilmette              |
| <input type="checkbox"/> Gilberts              | <input type="checkbox"/> Northlake          | <input type="checkbox"/> Winnetka              |
| <input type="checkbox"/> Glenview              | <input type="checkbox"/> Oak Park           | <input type="checkbox"/> Woodstock             |
| <input type="checkbox"/> Gurnee                | <input type="checkbox"/> Oakbrook           | <input type="checkbox"/> Other                 |
| <input type="checkbox"/> Hanover Park          | <input type="checkbox"/> Orland             | <input type="checkbox"/> Other                 |
| <input type="checkbox"/> Highland Park         | <input type="checkbox"/> Ottawa             | <input type="checkbox"/> Other                 |
| <input type="checkbox"/> Highwood              | <input type="checkbox"/> Palatine Rural     | <input type="checkbox"/> Other                 |
| <input type="checkbox"/> Hoffman Estates       | <input type="checkbox"/> Palatine           |  |