



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

## CPAT

### FULL SESSION

(Orientation / Station / Timed-Course Practices / Test)

## Instructions

1. Review the **CPAT TESTING SCHEDULE** and decide on a Session Orientation to attend.  
(You may not attend an Orientation from one session and take a test in another session.)
2. Complete the **REGISTRATION Packet**
3. Bring the following with you on the evening of your session's Orientation to the TESTING FACILITY LOCATION:
  - 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 AT TIME OF REGISTRATION\*\*\***
  - Driver's License
4. REGISTRATION begins at 10:30am. During the registration process we will collect your payment, a completed registration packet, and your Driver's License that will be scanned into our system. Additionally you will sign up for a Station Practice, two (2) Timed-Course Practices and a Test time. This is very important because if during a Timed Course Practice you pass in the allotted time you will receive your CPAT card at that time and will not be required to attend any further practices or the test.  
**NOTE: You must sign up for specific times at registration to be eligible.**
5. ORIENTATION/STATION PRACTICE will begin promptly at 11:00am. The doors will be locked and no one will be admitted.



**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)	
DATE OF BIRTH	PAYMENT METHOD	
	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order	
<b>Payment is required with registration. A \$25 fee will be charged for returned checks.</b> <b>No refunds will be given for cancellations after the start of Session Orientation.</b>		

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



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

## 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.

---

Last Name (please print)

First Name

MI

---

Applicant Signature

Date



cpat@sufd.org www.sufd.org

# 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           |  |