

Candidate Physical Ability Testing Division
5000 Dolphin Road, Bldg. A Room 135
Dallas, TX 75223
Phone 214-670-0220 Fax 214-670-5451
www.dallasfirerescue.com



Candidate Physical Ability Test

Waiver of Practice Form

I, _____, acknowledge receiving information on the
Print Full Name
Dallas Fire Rescue Department's (DFR) Candidate Physical Ability Test (CPAT) orientation session and physical fitness mentoring program. I received information relative to CPAT instructions, evaluation and a schedule on the CPAT physical fitness mentoring and trail run sessions. I also received printed information on where I could access information on CPAT orientation, tips for success, and the recommended workout program for CPAT preparation via Internet.

I acknowledge that I was provided with an opportunity to participate in both the mentoring sessions along with 2 course trail runs/hands-on sessions per the schedule in the information packet provided to me. I waived my right to participate in these scheduled course practice sessions and/or mentoring sessions with the knowledge that participation in all practice sessions may improve my ability to complete the CPAT.

(print) Last Name, First Name

Applicant Signature Date

Notary: _____

Date: _____

Commission Expiration: _____

[Notary Seal]