



CPAT Result Authorization

Applicant ID# _____

Last 4 SSN _____

Name _____
(First) (Middle) (Last)

CPAT Licensee _____
(Organization you took the CPAT from)

Date of CPAT _____

Licensee Contact Person _____

Phone Number _____

I, _____, hereby authorize the release of my Candidate Physical Ability Test (CPAT) result along with any supporting documents to the Mesa Fire Department. Furthermore, I understand that falsification of records, or the inability to verify the CPAT result will be grounds for dismissal from the testing process.

Signature _____

Date _____

This form must be completed and brought to your interview. If this form is not received prior to your interview time, you will be disqualified from the City of Mesa Fire Department Firefighter Recruit testing process. The Mesa Fire Department will verify all information provided. Please print legibly.