



MARYLAND VOLUNTARY FIRE SERVICE
CERTIFICATION SYSTEM

Maryland Fire Service Personnel Qualifications Board, Inc.
c/o Maryland Fire and Rescue Institute
University of Maryland Building 199
College Park, Maryland 20742-6811
1-800-ASK-MFRI



PREVIOUS EDITION CERTIFICATION APPLICATION

Applicant Information

Name: Last First Middle
Address: Street Route/PO Box
City County State Zip
Social Security: # - - Date of Birth: / / Phone: # - Area Code
Affiliation: Fire Department Company
Secondary Affiliation: Fire Department Company

Please complete all of the attached (pages) and ascertain what documentation must be submitted with this application. All documentation used to support certification requirements must be original if not on record with the MFSPQB certifying agency.

I hereby apply for Certification in the following area:

Fire Apparatus Driver Operator – Tiller
(1002-T; 1993, 1998, 2003, 2009 & 2014 ed.)

THE FEE MUST BE PAID WITH A CHECK OR MONEY ORDER MADE PAYABLE TO MFSPQB

IN-STATE APPLICANT (either affiliated with a Maryland emergency services organization, Maryland resident, or affiliated with an out-of-state emergency services that responds into Maryland routinely): \_\_\_MFSPQB and NBFSPQ - \$20.00
OUT-OF-STATE APPLICANT: NOT AVAILABLE.

Return check policy: Applicant will be charged \$10.00 for each returned check. Additionally, if the application has been processed, certificates produced and then revoked because of the bad check, the applicant will have to satisfy the first application fees plus returned check fees and then reapply at full cost(s).

I, the undersigned, certify by my signature that I fully understand that my significant misstatement in or omission from this application or any future application constitutes cause for denial of certification. All information submitted by me in this application is true to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed application with check to the agency ATRA that sponsored the completed training or to the above address.

Do Not Write Below This Line

For ATRA and MFSPQB Official Use Only

ATRA Name: \_\_\_\_\_ 1
Approval \_\_\_\_\_ Date \_\_\_\_\_ 2 PRO BOARD Number: \_\_\_\_\_
Rejected \_\_\_\_\_ Date \_\_\_\_\_ 3
Certification Level # \_\_\_\_\_ 4 MFSPQB Rep. Signature: \_\_\_\_\_
TEST DATE: \_\_\_\_\_ 5
Signature \_\_\_\_\_ 6

**CHECK APPLICABLE PROGRAMS THAT APPLY TO CERTIFICATION**

**FIRE APPARATUS DRIVER OPERATOR - TILLER**

**(NFPA 1002-T)**

**Prerequisites:**

- ( ) MFSPQB, NBFSPQ, IFSAC, or DOD/IFSAC Fire Fighter I (1001-1) Certification.

**ONE of the following options:**

- ( ) MFRI Option.  
**Menu 1** – Successful completion of **All** of the following:  
a. Letter from department attesting to applicants “**tillering**” history for apparatus equipped with a tiller during a time period of not less than 2 years.\*  
b. Valid license to drive apparatus equipped with a tiller in the jurisdiction of affiliation.  
c. MFRI Emergency Vehicle Operator Course or Emergency Vehicle Driver/Operator (FIRE-130)  
**OR**  
MFSPQB, NBFSPQ, IFSAC or DOD/IFSAC NFPA 1002, Chapter 4 Certification.  
d. **And** successful completion of **one** of the following:  
1. MFRI Aerial Apparatus Driver/Operator (7-1-2015 thru 11-30-2018, 2014 Edition).  
2. MFRI Aerial Apparatus Operator Course (9-1-2010 thru 6-30-2015, 2009 Edition).  
**OR Menu 2** – Successful completion of **All** of the following:  
a. Letter from department attesting to applicants “**tillering**” history for apparatus equipped with a tiller during a time period of not less than 2 years.\*  
b. Valid license to drive apparatus equipped with a tiller in the jurisdiction of affiliation.  
c. MFRI EVDIS, EVOR, EVOC, Emergency Vehicle Driver/Operator, or equivalent.  
d. **And** successful completion of **one** of the following:  
1. MFRI Aerial Apparatus Operator Course (7-1-2005 thru 8-31-2010, 2003 Edition).  
2. MFRI Aerial Apparatus Operator Course (7-1-1999 thru 6-30-2005, 1998 Edition).  
3. MFRI Aerial Apparatus Operator Course (7-1-1996 thru 6-30-1999, 1993 Edition).  
4. MFRI Truck Company Operations **And**  
Aerial Apparatus Operator Courses (7-1-1993 thru 6-30-1996, 1993 Edition).
- ( ) Montgomery County DFRS Option.  
**MENU** - Successful completion of **All** of the following:  
a. Montgomery County DFRS Truck Company Operations Course OR Montgomery County DFRS Aerial Apparatus Operator Course (7-1-1993 thru 8-31-2010).  
b. **And** documentatation of successful completion of **one** of the following:  
1. Montgomery Co. DFRS Policy 23-07 Program (7-1-2005 thru 8-31-2010, 2003 Edition).  
2. Montgomery Co. DFRS Policy 23-07 Program (7-1-1999 thru 6-30-2005, 1998 Edition).  
3. Montgomery Co. DFRS Policy 23-07 Program (7-1-1993 thru 6-30-1999, 1993 Edition).

**\*NOTE:** Expreince letter must be an original document, on official department letterhead, specify the apparatus type per the application, signed in a contrasting color ink AND include a day time phone number for the signing official. Photocopies or facsimiles will not be accepted.

**ATTACH ALL REQUIRED SOURCE DOCUMENTATION TO EACH APPLICATION**

**FORWARD APPLICATION TO THE SPONSORING AGENCY ATRA**