



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. This will include but is not limited to transcripts, certificates, diplomas and cards from other state, federal and local agencies, the NFSPQB, the IFSAC, or any accredited entity of the IFSAC, or the USDOD, colleges, and NFA. It is the responsibility of the applicant to maintain a copy of all materials and documentation submitted.

I hereby apply for Certification in the following area:

Incident Safety Officer – Emergency Medical Service Operations
(1521-ISOEMSO; 2002 & 2008 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 training completed or 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

INCIDENT SAFETY OFFICER – EERGENCY MEDICAL SERVICE OPERATIONS

(NFPA 1521-ISOEMSO)

Prerequisites:

- () MFSPQB, NBFSPQ, IFSAC, **OR** DOD/IFSAC Fire Officer I (1021-1) Certification.
- () Current EMT Certification or higher.

AND the following option:

- () 2008 Edition, NFPA 1521, Chapters 4, 6.1, 6.3, 6.6 & 6.7.
Successful completion of COURSE:
 - a. MFRI Fire Department Safety Officer course, FIRE-110
(Successful completion of course July 1, 2009 thru October 31, 2016).

- () 2002 Edition, NFPA 1521, Chapter 6.4.
Successful completion of COURSE:
 - b. MFRI Fire Department Safety Officer course
(Successful completion of course October 1, 2004 June 30, 2009).

ATTACH ALL REQUIRED SOURCE DOCUMENTATION TO EACH APPLICATION

FORWARD APPLICATION TO THE SPONSORING AGENCY ATRA