

#### 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	1:						
		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 – Hazardous Materials Operations (1521-ISOHMO; 2002, 2008 & 2015 ed.)

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

 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

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ATRA Name:					
Approval	_ Date	 			
Rejected	_Date	 			
Certification Level # _					
TEST DATE:					
Signature					

#### CHECK APPLICABLE PROGRAMS THAT APPLY TO CERTIFICATION

#### **INCIDENT SAFETY OFFICER – HAZARDOUS MATERIALS OPERATIONS**

#### (NFPA 1521-ISOHMO)

#### **Prerequisites:**

- () MFSPQB, NBFSPQ, IFSAC, **OR** DOD/IFSAC Fire Officer I (1021-1) Certification.
- () MFSPQB, NBFSPQ, IFSAC, **OR** DOD/IFSAC Hazardous Materials Technician (472-T) Certification.

#### **<u>ONE</u>** or the following options:

- () 2015 Edition, NFPA 1521, Chapter 5.1 & 5.5. Successful completion of COURSE:
  - a. MFRI Fire Department Incident Safety Officer course, MGMT-217 (Successful completion of course November 1, 2016 thru December 31, 2022).
- () 2008 Edition, NFPA 1521, Chapters 4, 6.1, 6.5, 6.6 & 6.7. Successful completion of COURSE:
  - b. MFRI Fire Department Safety Officer course, FIRE-110 (Successful completion of course July 1, 2009 thru October 31, 2016).
- () 2002 Edition, NFPA 1521, Chapter 6.5. Successful completion of COURSE:
  - c. MFRI Fire Department Safety Officer course (Successful completion of course October 1, 2004 June 30, 2009).

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

### CERTIFICATION STANDARDS, AVAIALBILITY & ELIGIBILTY SUBJECT TO CHANGE W/O NOTICE

## FORWARD APPLICATION TO THE SPONSORING AGENCY ATRA