



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



PROGRAM 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 NBFSPQ, 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:

Fire and Life Safety Educator III
(1035-3, 2015 ed., Ch. 6)

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 - \$15.00

OUT-OF-STATE APPLICANT UNDER OPTIONS 1, 3, AND 4: MFSPQB and NBFSPQ - \$50.00

OUT-OF-STATE APPLICANT UNDER OPTION 2: MFSPQB and NBFSPQ - \$250.00 payable to MFSPQB\*

\* The applicant must pay a separate processing fee of \$500.00 payable to the University of Maryland. Payment must be made with two separate checks or money order.

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 any ATRA, 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 MFSPQB Rep. Signature:
Certification Level # 4
Signature 5
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**APPLICABLE PROGRAMS THAT APPLY TO CERTIFICATION**

**FIRE AND LIFE SAFETY EDUCATOR III**

**(NFPA 1035-3, 2015 edition)**

**Prerequisites:**

- ( ) MFSPQB, NBFSPQ, IFSAC, or DOD/IFSAC Fire and Life Safety Educator II (1035-3) Certification **OR** able to meet the requirements of the MFSPQB Fire and Life Safety Educator II (1035-3) Certification.

**ONE of the following options:**

- ( ) Option 1, COURSE:  
Training course based on NFPA 1035 Chapter 6 (**No course identified at this time**).
- ( ) Option 2, BREAKDOWN:  
Any combination of training programs, as listed in the Training and Education for Certification (T.E.C.) Book or approved by the Local Review Board as meeting NFPA 1035, Chapter 6.
- ( ) Option 3, EXAMINATION:  
Examination not available at this time.
- ( ) Option 4, MENU:  
Menu option not available at this time.
- ( ) Option 5, OTHER:  
Any other option approved by the MFSPQB.

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

**CERTIFICATION STANDARDS, AVAILABILITY & ELIGIBILITY SUBJECT TO CHANGE W/O NOTICE**

**\*For course(s) predating those listed see "Previous Edition" certification application.**