



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.

I hereby apply for Certification in the following area:

Confined Space Technical Rescuer I & II
(1006-CSTR 1-2, 2013 ed., Ch. 5, 7)

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 ,NBFSPQ and IFSAC - \$15.00

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

OUT-OF-STATE APPLICANT UNDER OPTION 2: MFSPQB, NBFSPQ and IFSAC - \$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 PRO BOARD Number:
Approval Date 2
Rejected Date 3 IFSAC Number:
Certification Level # 4
Signature 5 MFSPQB Rep. Signature:
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CHECK APPLICABLE PROGRAMS THAT APPLY TO CERTIFICATION

CONFINED SPACE TECHNICAL RESCUER I & II

(NFPA 1006-CSTR 1-2, 2013 edition)

Prerequisites:

- () Successful completion of Emergency Medical Responder training course based on Department of Transportation (DOT) National Standard Curriculum or higher equivalent training / certification.
- () MFSPQB, NBFSPQ, IFSAC, or DOD/IFSAC Technical Rescuer (1006, ANY specialty) Certification
OR able to meet the requirements of MFSPQB Technical Rescuer (1006, ANY specialty) Certification
OR MFRI Rescue Technician Site Operations Course (27 hours).

ONE of the following options:

- () Option 1, COURSE:
Training course based on NFPA 1006, Chapter 7.
 - a. MFRI Rescue Technician Confined Space Rescue Course
(Successful completion of course on or after March 1, 2015*).
- () 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 1006, Chapter 7.
- () Option 3, EXAMINATION:
Examination demonstrating proficiency of NFPA 1006, Chapter 7.
- () 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.**