



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:

Plan Examiner II
(1031-PE2, 2014 ed., Ch 8)

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 \$5.00 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
Certification Level # 4 MFSPQB Rep. Signature:
Signature 5
6

**CHECK APPLICABLE PROGRAMS THAT APPLY TO CERTIFICATION**

**PLAN EXAMINER II**

**(NFPA 1031-PE2, 2014 edition)**

**Prerequisites:**

- ( ) MFSPQB, NBFSPQ, IFSAC or DOD/IFSAC Plan Examiner I (1031-PE1) Certification  
**OR** able to meet the requirements of MFSPQB Plan Examiner I (1031-PE 1) Certification.

**ONE of the following options:**

- ( ) Option 1, COURSE:  
Training Course based on NFPA 1031, Chapter 8.
  - a. MFRI Plans Examiner I/II (**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 1031, Chapter 8.
- ( ) 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.**