

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



Applicant Information

PROGRAM CERTIFICATION APPLICATION

Name:					
Last Address:		First	Middle		
Street		Route/PO Box			
City	County		State	Zip	
Social Security: #	Date of Birth:	/ /	Phone: #	-	
-				Area Code	
Affiliation:Fire Depa	rtment	Company			
Secondary Affiliation:		1 7			
Fire Depar	tment	Company			
Please complete all of the attached (pages requirements must be original if not on record other state, federal and local agencies, the NBF applicant to maintain a copy of all materials an	with the MFSPQB certifying agence SPQ, the IFSAC, or any accredited	ey. This will include but is n	not limited to transcripts, cert	ificates, diplomas and cards fro	
I hereby apply for Certification in the following	owing area:				
Hazardous Ma	aterials / WMD - C	Operations, PPE	& Product Con	ntrol	
		d., Ch 7, 9.2, 9.			
	(470 0, 2022 0	u., cn 7, 7.2, 7.	0)		
<u>THE FEE MUST BE PAIL</u>	O WITH A CHECK OF	R MONEY ORDER	<u>R MADE PAYABL</u>	<u>E TO MFSPQB</u>	
that responds into Maryland routinely): OUT-OF-STATE APPLICANT UNDER OP OUT-OF-STATE APPLICANT UNDER OP	MFSPQB MFSPQB MFSPQB	ation, Maryland resident, or affiliated with an out-of-state emergency services MFSPQB, NBFSPQ and IFSAC - \$15.00 MFSPQB, NBFSPQ and IFSAC - \$50.00 MFSPQB, NBFSPQ and IFSAC - \$250.00 payable to MFSPQB* of Maryland. Payment must be made with two separate checks or money order.			
Detum sheet nelious Applicant will be	shanged \$10.00 for each noturn	ad abaals Additionally if t	he application has been pu	assessed soutificates was duesed	
Return check policy: Applicant will be and then revoked because of the bad check,	· ·	•		•	
I, the undersigned, certify by my signature constitutes cause for denial of certification. Al	re that I fully understand that my s	ignificant misstatement in or	omission from this applicat	ion or any future application	
Signature		Date			
Return completed application with check to any	ATRA, or the above address.				
	Do Not Writ	e Below This Line			
		SPQB Official Use Only			
ATRA Name		1 PRO BOARI) Number:		
Approval Date		2 PRO BOARI	J INUIIIUCI.		
Rejected Date			ber:		
Certification Level #		4			
Signature		5 MFSPQB Re	p. Signature:		
-		6	-		

(Rev 3/24)

CHECK APPLICABLE PROGRAMS THAT APPLY TO CERTIFICATION

HAZARDOUS MATERIALS / WMD - OPERATIONS, PPE & PRODUCT CONTROL

(NFPA	1072-O,	2017	edition)

Prerequisites:				
()	MFSPQB, NBFSPQ, IFSAC, or DOD/IFSAC Hazardous Materials/WMD Awareness Level Personnel (470-A, 472-A or 1072-A) Certification OR able to meet the requirements of MFSPQB Hazardous Materials WMD Awareness Level Personnel (470-A) Certification.		
<u>O</u>	NE of	f the following options:		
()	Option 1, COURSE: Training Course based on NFPA 470, Chapter 7, 9.2, 9.6. a. MFRI Hazardous Materials / WMD Operations Course, HM-106 (Successful completion of course on or after January 1, 2024*).		
()	Option 2, BREAKDOWN: Program breakdown option not available.		
()	Option 3, EXAMINATION: Examination not available at this time.		
()	Option 4, MENU: Menu option ot available at this time.		
()	Option 5, OTHER: Any other option approved by the MFSPQB.		

ATTACH <u>ALL</u> REQUIRED SOURCE DOCUMENTATION TO <u>EACH</u> APPLICATION CERTIFICATION STANDARDS, AVAIALBILITY & ELIGIBILTY SUBJECT TO CHANGE W/O NOTICE

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

470-O 3/24 Page 2 of 2