

# 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	Fi	rst	Middle		
Address: Street	Re	Route/PO Box			
City	County		State	Zip	
Social Security: #	Date of Birth:	/ /	Phone: #	-	
			Area Code	_	
Affiliation:	epartment	Company			
	parement	Company			
Secondary Affiliation: Fire De	partment	Company			
requirements must be original if not on recording other state, federal and local agencies, the N applicant to maintain a copy of all materials	BFSPQ, the IFSAC, or any accredited e and documentation submitted.	This will include but is a	not limited to transcripts, certific	ates, diplomas and cards fro	
I hereby apply for Certification in the f	following area:				
	Hazardous Materials	/ WMD - Tec	hnician		
	(470-T, 2022	ed., Ch. 11)			
THE FEE MUST BE PA	ID WITH A CHECK OR	MONEY ORDEI	R MADE PAYABLE	TO MFSPQB	
IN-STATE APPLICANT (either affiliated	with a Maryland emergency services or	ganization, Maryland resi	dent, or affiliated with an out-of	-state emergency services	
that responds into Maryland routinely):		=	B, NBFSPQ and IFSAC - \$15.00		
OUT-OF-STATE APPLICANT UNDER	OPTIONS 1, 3, AND 4:	MFSPQE	B, NBFSPQ and IFSAC - \$50.00		
OUT-OF-STATE APPLICANT UNDER			B, NBFSPQ and IFSAC - \$250.0	0 payable to MFSPQB*	
*The applicant must pay a separate processi	ng fee of \$500.00 payable to the Univer			= :	
	be charged \$10.00 for each returned	•	the application has been proce lus returned check fees and th	•	
and then revoked because of the Dad Chec	k, the applicant will have to satisfy th	e in st application ices p		en reapply at full cost(s).	
I, the undersigned, certify by my signa	ature that I fully understand that my sign	nificant misstatement in o	r omission from this application	or any future application	
I, the undersigned, certify by my signal constitutes cause for denial of certification.	ature that I fully understand that my sign All information submitted by me in this	nificant misstatement in o	r omission from this application best of my knowledge and belie	or any future application f.	
I, the undersigned, certify by my signat constitutes cause for denial of certification.  Signature	ature that I fully understand that my sign All information submitted by me in this	nificant misstatement in o	r omission from this application	or any future application f.	
I, the undersigned, certify by my signat constitutes cause for denial of certification.  Signature	ature that I fully understand that my sign All information submitted by me in this	nificant misstatement in o s application is true to the Date	r omission from this application best of my knowledge and belie	or any future application f.	
	ature that I fully understand that my sign All information submitted by me in this any ATRA, or the above address.  Do Not Write E	nificant misstatement in o s application is true to the Date	r omission from this application best of my knowledge and belie	or any future application f.	
I, the undersigned, certify by my signat constitutes cause for denial of certification.  Signature  Return completed application with check to a	ature that I fully understand that my sign All information submitted by me in this any ATRA, or the above address.  Do Not Write E	Date  Below This Line  QB Official Use Only	r omission from this application best of my knowledge and belie	or any future application f.	
I, the undersigned, certify by my signat constitutes cause for denial of certification.  Signature  Return completed application with check to a	ature that I fully understand that my sign All information submitted by me in this any ATRA, or the above address.  Do Not Write E  For ATRA and MFSP	Date  Below This Line QB Official Use Only  PRO BOAR	r omission from this application best of my knowledge and belie	or any future application f.	
I, the undersigned, certify by my signat constitutes cause for denial of certification.  Signature  Return completed application with check to a ATRA Name  Approval	ature that I fully understand that my sign All information submitted by me in this any ATRA, or the above address.  Do Not Write E  For ATRA and MFSP	Date  Below This Line QB Official Use Only  PRO BOAR	r omission from this application best of my knowledge and belie	or any future application f.	
I, the undersigned, certify by my signat constitutes cause for denial of certification.  Signature  Return completed application with check to a ATRA Name  Approval Date Rejected Date	ature that I fully understand that my sign All information submitted by me in this any ATRA, or the above address.  Do Not Write E  For ATRA and MFSP  1 2 3	Date  Below This Line  QB Official Use Only  PRO BOAR  IFSAC Num	r omission from this application best of my knowledge and belie	or any future application f.	
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(Rev 3/24)

#### CHECK APPLICABLE PROGRAMS THAT APPLY TO CERTIFICATION

#### HAZARDOUS MATERIALS / WMD - TECHNICIAN

(NFPA 4	70-T, 20	17 edition)
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Prerequisites:				
(	)	MFSPQB, NBFSPQ, IFSAC, or DOD/IFSAC Hazardous Materials/WMD Emergency Response Personnel - Opperations (470-O, 472-O or 1072-O) Certification, <b>OR</b> able to meet the requirements of MFSPQB Hazardous Materials/WMD Standard for Operations Level Responders (470-O) Certification.		
ONE of the following options:				
(	)	Option 1, COURSE: Training course based on NFPA 470, Chapter 11.  a. MFRI Hazardous Materials Technician Course, HM-202 (Successful completion of Course on or after January 1, 2024*).		
(	)	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 470, Chapter 11.		
(	)	Option 3, EXAMINATION: Examination demonstrating proficiency of NFPA 470, Chapter 11.		
(	)	Option 4, MENU: Menu option not 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.

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