

## 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		
Stree	et		Route/PO Box	(			
City		County			State	Zip	
Social Security: #		Date of Birth:	/	/	Phone: #	-	
		<u> </u>			Area Code		
Affiliation:	Fire Departme	ent	C	ompany			
Secondary Affiliation	n:						
Secondary Trimacion	Fire Departme	ent	C	ompany			
requirements must be orig	ginal if not on record with cal agencies, the NBFSPO	and ascertain what documentation the MFSPQB certifying agency, the IFSAC, or any accredited ocumentation submitted.	cy. This will in	nclude but is not li	imited to transcripts, certifi	cates, diplomas and cards from	
I hereby apply for C	ertification in the followi	ng area:					
		Fire and Life S	Safety E	ducator II	[		
		(1035-2, 20	015 ed	Ch. 5)			
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IN-STATE APPLICAN	Γ (either affiliated with a	Maryland emergency services	organization,	Maryland resident	, or affiliated with an out-o	f-state emergency services	
that responds into Maryla		MFSPQB and NBFSPQ - \$15.00					
OUT-OF-STATE APPLICANT UNDER OPTIONS 1, 3, AND 4:			MFSPQB and NBFSPQ - \$50.00				
<b>OUT-OF-STATE APPLICANT UNDER OPTION 2:</b>				MFSPQB and NBFSPQ - \$250.00 payable to MFSPQB*			
		e of \$500.00 payable to the Un	niversity of Man			-	
D		1.010.00.6	. 1 1 1 4	1114 11 1641	19 - 49 - 1 - 1	1	
-		arged \$10.00 for each return		•	• •	•	
and then revoked because	se of the bad check, the	applicant will have to satisfy	tne iirst appi	icaiont iees pius	returned check lees and t	ien reapply at tull cost(s).	
I, the undersigned,	certify by my signature th	nat I fully understand that my s	significant miss	statement in or om	ission from this application	or any future application	
constitutes cause for deni-	al of certification. All inf	formation submitted by me in t	this application	is true to the best	of my knowledge and beli	ef.	
Signature:	nature: Date:						
Return completed applicat	ion with check to any A'l	TRA, or the above address.					
		Do Not Writ	to Dolow Thi	a I ima			
		For ATRA and MF					
		FOR ATKA and MIF	SPQB Official	Ose Only			
ATRA Name —			1				
	Date			PRO BOARD N	umber:_		
	Date		3				
Certification Leve	el#			MFSPOB Ren. S	Signature:		
Signature			5	(P. c	-		
2.5			6				
			•			(Rev 10/23)	
						(11111111111111111111111111111111111111	

#### CHECK APPLICABLE PROGRAMS THAT APPLY TO CERTIFICATION

#### FIRE AND LIFE SAFETY EDUCATOR II

(NFPA 1035-2, 2015 edition)	(NFPA	1035-2.	2015	edition)
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Prerequisites:					
(	)	MFSPQB, NBFSPQ, IFSAC, or DOD/IFSAC Fire and Life Safety Educator I (1035-1) certification <b>OR</b> able to meet the requirements of MFSPQB Fire and Life Safety Educator I (1035-1) Certification.			
0	<u>NE</u> o	f the following options:			
(	)	Option 1, COURSE: Training course based on NFPA 1035, Chapter 4.  a. MFRI Public Fire and Life Safety Educator II, FIRE-211 (Successful completion of Course on or after July 1, 2023*).			
(	)	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 5.			
(	)	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 <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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