

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



Area Code

Applicant Information

Last

Street

City

Fire Department

Fire Department

Affiliation _____

Secondary Affiliation____

Name:

Address:

PROGRAM CERTIFICATION APPLICATION First Middle Route/PO Box County Zip State Social Security: # - -Date of Birth: Phone:

Company

Company

Please complete all of the attached (pages) and ascertain what documentation must be submitted with this application. All documentation used to support certification

other state, federal and local a		AC, or any accredited entity of	will include but is not limited to transcripts, certificates, diplomas and cards from f the IFSAC, or the USDOD, colleges, and NFA. It is the responsibility of the		
I hereby apply for Certif	fication in the following area:				
Confine	d Space Technic	al Rescuer – Aw	areness, Operations & Technician		
	(10	006-CSTR/C 202	21 ed., Ch. 7)		
THE FEE MUS	ST BE PAID WITH	A CHECK OR MO	NEY ORDER MADE PAYABLE TO MFSPQB		
IN-STATE APPLICANT (e	ither affiliated with a Maryland	d emergency services organiza	tion, 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 APPLICA			MFSPQB, NBFSPQ and IFSAC - \$250.00 payable to MFSPQB*		
* The applicant must pay a s	eparate processing fee of \$500.	.00 payable to the University of	of Maryland. Payment must be made with two separate checks or money order.		
and then revoked because o	f the bad check, the applican ify by my signature that I fully	t will have to satisfy the first understand that my significan	t misstatement in or omission from this application or any future application struct to the best of my knowledge and belief.		
Signature			Date		
Return completed application	with check to any ATRA, or t				
		Do Not Write Below For ATRA and MFSPQB O			
		FOR ATKA and MESPQB O	metal Ose Omy		
ATRA Name ———		1	PRO BOARD Number:		
	Date				
Rejected	Date	3	IFSAC Number:		
Certification Level #		4			
Signature		5	MFSPQB Rep. Signature:		
		6			

		Do Not Write Belov	v This Line	
		For ATRA and MFSPQB (Official Use Only	
ATRA Name —		1	PRO BOARD Number:	
Approval	Date	2		
Rejected	Date	3	IFSAC Number:	
Certification Leve	el #	4		
Signature		5	MFSPQB Rep. Signature:	
-		6		
				$(P_{ext} 11/22)$

CHECK APPLICABLE PROGRAMS THAT APPLY TO CERTIFICATION

CONFINED SPACE TECHNICAL RESCUER - AWARENESS, OPERATIONS & TECHNICIAN

Prerequisites:				
()	MFSPQB, NBFSPQ, IFSAC, or DOD/IFSAC Confined Space Technical Rescuer – Operations (1006, Chapter 7.2) Certification OR able to meet the requirements of MFSPQB Confined Space Technical Rescuer Operations (1006, Chapter 7.2) Certification.		
<u>o</u>	<u>NE</u> of	f the following options:		
()	Option 1, COURSE: Training course based on NFPA 1006, Chapter 7.3. a. MFRI Technical Rescue: Confined Space Technician Course, RES-217 (Successful completion of Course on or after July 1, 2023*).		
()	Option 2, BREAKDOWN: Program breakdown option not available.		
()	Option 3, EXAMINATION: Examination demonstrating proficiency of NFPA 1006, Chapter 7.3.		
()	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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