

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

	Fi	rst	Middle		
Last Address:	111	131	Wildle	Wildie	
Street	Ro	oute/PO Box		_	
City	County		State	Zip	
Social Security: #	Date of Birth:	/ /	Phone: #		
A CC1. 4:			Area Code		
Affiliation: Fire Depa	urtment	Company			
•		1 3			
Secondary Affiliation: Fire Depa	rtment	Company			
Please complete all of the attached (pages) and requirements must be original if not on record other state, federal and local agencies, the NBI applicant to maintain a copy of all materials ar	with the MFSPQB certifying agency. SPQ, the IFSAC, or any accredited end documentation submitted.	This will include but is i	not limited to transcripts, certific	ates, diplomas and cards fro	
Thereby apply for certification in the following	Č	-1.4. T			
	Fire Fi	gnter 1			
	(1001-1, 201	9 ed. Ch. 5)			
<u>THE FEE MUST BE PAII</u>	D WITH A CHECK OK	MONET ORDEI	<u> MADE PATABLE</u>	<u>IO MFSPQB</u>	
IN-STATE APPLICANT (either affiliated wi	th a Maryland emergency services or	=		-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 - \$50.00MFSPQB, NBFSPQ and IFSAC - \$250.00 payable to MFSPQB*		
OUT-OF-STATE APPLICANT UNDER OI					
* The applicant must pay a separate processing	g fee of \$500.00 payable to the Unive	rsity of Maryland. Paymo	ent must be made with two separ	rate checks or money order.	
D 4 1 1 P A P 4 911	e charged \$10.00 for each returned	•		•	
	the applicant will have to satisfy th	te in st application ices p		en reappry at run cost(s).	
and then revoked because of the bad check, I, the undersigned, certify by my signatu	re that I fully understand that my sign	nificant misstatement in o		or any future application	
I, the undersigned, certify by my signatu constitutes cause for denial of certification. Al	re that I fully understand that my sign Il information submitted by me in this	nificant misstatement in o s application is true to the		or any future application f.	
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and then revoked because of the bad check,	re that I fully understand that my sign ll information submitted by me in this y ATRA, or the above address Do Not Write B	nificant misstatement in o s application is true to the Date	best of my knowledge and belie	or any future application f.	
I, the undersigned, certify by my signature Signature Return completed application with check to any	re that I fully understand that my sign ll information submitted by me in this y ATRA, or the above address Do Not Write B For ATRA and MFSP	Date Below This Line QB Official Use Only	best of my knowledge and belie	or any future application f.	
I, the undersigned, certify by my signature constitutes cause for denial of certification. Alsignature Return completed application with check to any	re that I fully understand that my sign ll information submitted by me in this y ATRA, or the above address Do Not Write B For ATRA and MFSP	nificant misstatement in o sapplication is true to the Date Below This Line QB Official Use Only PRO BOAR	best of my knowledge and belie	or any future application f.	
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I, the undersigned, certify by my signature Constitutes cause for denial of certification. Also Signature Completed application with check to any start of the ATRA Name Approval Date Rejected Date	re that I fully understand that my sign il information submitted by me in this y ATRA, or the above address Do Not Write B For ATRA and MFSP 1 2 3	Date Below This Line QB Official Use Only PRO BOAR IFSAC Num	best of my knowledge and belie	or any future application f.	
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CHECK APPLICABLE PROGRAMS THAT APPLY TO CERTIFICATION

FIRE FIGHTER I

(NFPA 1001-1, 2019 edition)		
Prerequisites: NONE		
ONE of the following options:		
() Option 1, COURSE: Training course based on NFPA 1001, Chapter 5 (No course identified at this time).		
Option 2, BREAKDOWN: Program breakdown option not available.		
() Option 3, EXAMINATION: Examination not available at this time.		
Option 4, MENU: Select one from each of the following categories (circle the one utilized): Category 1 a. MFRI Firefighter I Course (Successful completion of Course on or after April 1, 2021*). Category 2 a. Successful completion of an EMT Program.		
 b. Successful completion of a First Responder Program OR Emergency Medical Responder. c. Successful completion of the American Red Cross Emergency Response Course. d. Successful completion of American Heart Association Heart Saver First Aid and CPR/AED Course. e. Successful completion of American Safety & Health Institute First Aid and CPR/AED Course. 		
a. MFRI Hazardous Materials Operations Course (Successful completion of Course on or after July 1, 2009 or equivalent. Equivalent program must include NFPA 472 or 1072, Chapter 5 Core Competencies and Chapter 6.2 PPE and 6.6 Product Control; OR NFPA 472, Chapter 5, 6.2 & 6.6, 2008 or 2013 Edition Certification; OR NFPA 1072, Chapter 5, 6.2 & 6.6, 2017 Edition Certification).		

() 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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