

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



PROGRAM CERTIFICATION APPLICATION

Applicant Information

Name:					
Last		First		Middle	
Address:					
Street			Route/PO Box		
City		County		State	Zip
Social Security: #	-	Date of Birth:	/ /	Phone: #	-
Affiliation:				Area Code	
	Fire Department		Company		
Secondary Affiliation:					
	Fire Department		Company		

Please complete all of the attached (pages) and ascertain what documentation must be submitted with this application. All documentation used to support certification requirements must be original if not on record with the MFSPQB certifying agency. This will include but is not limited to transcripts, certificates, diplomas and cards from other state, federal and local agencies, the NBFSPQ, the IFSAC, or any accredited entity of the IFSAC, or the USDOD, colleges, and NFA. It is the responsibility of the applicant to maintain a copy of all materials and documentation submitted.

I hereby apply for Certification in the following area:

Hazardous Materials Responder - Awareness

(1072-A, 2017 ed., Ch. 4)

THE FEE MUST BE PAID WITH A CHECK OR MONEY ORDER MADE PAYABLE TO MFSPOB

IN-STATE APPLICANT (either affiliated with a Maryland emergency service	ces organization, 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 ADDI ICANT UNDED ODTIONS 1-3 AND 4.	MESDOD NEESDO and IESAC \$50.00

MFSPQB, NBFSPQ and IFSAC - \$50.00
MFSPQB, NBFSPQ and IFSAC - \$250.00 payable to MFSPQB*

* The applicant must pay a separate processing fee of \$500.00 payable to the University of Maryland. Payment must be made with two separate checks or money order.

Return check policy: Applicant will be charged \$10.00 for each returned check. Additionally, if the application has been processed, certificates produced and then revoked because of the bad check, the applicant will have to satisfy the first application fees plus returned check fees and then reapply at full cost(s).

I, the undersigned, certify by my signature that I fully understand that my significant misstatement in or omission from this application or any future application constitutes cause for denial of certification. All information submitted by me in this application is true to the best of my knowledge and belief.

Signature

Date

Return completed application with check to any ATRA, or the above address.

Do Not Write Below This Line

For ATRA and MFSPQB Official Use Only

ATRA Name		1	PRO BOARD Number:
Approval	_ Date	2	
Rejected	Date	3	IFSAC Number:
Certification Level #		4	
Signature		5	MFSPQB Rep. Signature:
		6	

CHECK APPLICABLE PROGRAMS THAT APPLY TO CERTIFICATION

HAZARDOUS MATERIALS RESPONDER - AWARENESS

(NFPA 1072-A, 2017 edition)

Prerequisites: NONE

<u>ONE</u> of the following options:

()	 Option 1, COURSE: Training course based on NFPA 1072, Chapter 4. a. MFRI Hazardous Materials Awareness Course, HM-103 (Successful completion of course on or after December 1, 2018*). <u>OR</u> b. MFRI Hazardous Materials Operations Course, HM-102 or HM-112 (Successful completion of course on or after December 1, 2018*).
()	Option 2, BREAKDOWN: Program breakdown option not available.
()	Option 3, EXAMINATION: Examination demonstrating proficiency of NFPA 1072, Chapter 4.

- () 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.