

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	Firs	t	Middle	
Address: Street	Rou	nte/PO Box		
City	County		State	Zip
Social Security: #	Date of Birth:	/ /	Phone: #	-
·			Area Code	
Affiliation:Fire Department				
•		Company		
Secondary Affiliation:Fire Department				
Fire Department		Company		
requirements must be original if not on record with the MF other state, federal and local agencies, the NBFSPQ, the IF applicant to maintain a copy of all materials and document I hereby apply for Certification in the following area:	SAC, or any accredited en			
Thereby apply for Certification in the following area:	T 11 (0.0	0.00		
	Incident Saf	ety Officer		
	(1521-ISO, 202	20 ed., Ch. 5)		
<u>THE FEE MUST BE PAID WITH</u>	A CHECK OR M	<u> 10NEY ORDE</u>	<u>R MADE PAYABLE</u>	<u>TO MFSPQB</u>
IN-STATE APPLICANT (either affiliated with a Marylan	nd emergency services orga	anization, Maryland res	ident, or affiliated with an out-of	-state emergency services
that responds into Maryland routinely):		MFSPQ	B and NBFSPQ - \$15.00	
OUT-OF-STATE APPLICANT UNDER OPTIONS 1, 3	3, AND 4:	MFSPQ	B and NBFSPQ - \$50.00	
OUT-OF-STATE APPLICANT UNDER OPTION 2:		MFSPQ	B and NBFSPQ - \$250.00 payab	le to MFSPQB, *
* The applicant must pay a separate processing fee of \$500	0.00 payable to the Univers	sity of Maryland. Paym	ent must be made with two sepa	rate checks or money order.
Return check policy: Applicant will be charged \$		•		•
and then revoked because of the bad check, the applica	nt will have to sausty the	nrst application lees	pius returneu check lees and ti	ten reapply at full cost(s).
I, the undersigned, certify by my signature that I fully constitutes cause for denial of certification. All information				
Signature:		Da	ite:	
Return completed application with check to any ATRA, or	the above address			
Return completed application with check to any ATRA, of	the above address.			
	Do Not Write Bel	low This Line		
	For ATRA and MFSPQ	B Official Use Only		
ATRA Name				
Approval Date		PRO BOAR	D Number:	
RejectedDate				
Certification Level #		MFSPQB R	ep. Signature:	
Signature				
	6			

CHECK APPLICABLE PROGRAMS THAT APPLY TO CERTIFICATION

INCIDENT SAFETY OFFICER

(NFPA 1521-ISO, 2020 edition)

P	rerequ	uisites:
()	MFSPQB, NBFSPQ, IFSAC, or DOD/IFSAC Fire Officer I (1021-1) Certification.
()	MFSPQB, NBFSPQ, IFSAC, or DOD/IFSAC Technical Rescuer (1006, ANY specialty) Certification
()	MFSPQB, NBFSPQ, IFSAC, or DOD/IFSAC Hazardous Materials Technician (472-T) Certification.
<u>o</u>	NE of	the following options:
()	Option 1, COURSE: Training course based on NFPA 1521 Chapter 5. a. MFRI Fire Department Incident Safety Officer, MGMT-217 (Successful completion of course on or after January 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 1521, Chapter 5.
()	Option 3, EXAMINATION: Examination demonstrating proficiency of NFPA 1521, Chapter 5.
()	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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