

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	Fi	rst	Middle	
Address:				
Street	R	oute/PO Box		
City	County		State	Zip
Social Security: #	Date of Birth:	/ /	Phone: #	
A 0711 .:			Area Code	
Affiliation: Fire Depa	rtment	Company		,
•		1 7		
Secondary Affiliation: Fire Depa	rtment	Company		
Please complete all of the attached (pages requirements must be original if not on record other state, federal and local agencies, the NBF applicant to maintain a copy of all materials ar I hereby apply for Certification in the followed	with the MFSPQB certifying agency SPQ, the IFSAC, or any accredited old documentation submitted.	. This will include but is n	ot limited to transcripts, certific	eates, diplomas and cards from
Thereby apply for Certification in the following	Fire/Rescue Bo	at Crow Mata	T	
			1	
	(FRBCM)	(, 2000 ed.)		
THE FEE MUST BE PAIL	D WITH A CHECK OR	MONEY ORDER	R MADE PAYABLE	TO MFSPQB
IN-STATE APPLICANT (either affiliated wi	th a Maryland emergency services or	-		-state emergency services
that responds into Maryland routinely):	DTIONS 1 2 AND 4.	MFSPQB MFSPQB		
OUT-OF-STATE APPLICANT UNDER OF OUT-OF-STATE APPLICANT UNDER OF			- \$250.00 payable to MFSPQE	. *
* The applicant must pay a separate processing			* *	
Return check policy: Applicant will be and then revoked because of the bad check,	O .	• /	••	
			omission from this application	or any future application
I, the undersigned, certify by my signatu constitutes cause for denial of certification. Al				
constitutes cause for denial of certification. Al	l information submitted by me in thi	s application is true to the		f.
constitutes cause for denial of certification. Al Signature:	l information submitted by me in thi	s application is true to the	best of my knowledge and belie	f.
constitutes cause for denial of certification. Al Signature:	I information submitted by me in this y ATRA, or the above address.	s application is true to the Date	best of my knowledge and belie	f.
constitutes cause for denial of certification. Al	I information submitted by me in this y ATRA, or the above address. Do Not Write I	s application is true to the Date Date Below This Line	best of my knowledge and belie	f.
constitutes cause for denial of certification. Al Signature:	I information submitted by me in this y ATRA, or the above address. Do Not Write I	s application is true to the Date	best of my knowledge and belie	f.
constitutes cause for denial of certification. Al	y ATRA, or the above address. Do Not Write I For ATRA and MFSI	Date Below This Line PQB Official Use Only	best of my knowledge and belie	f.
constitutes cause for denial of certification. Al Signature: Return completed application with check to any ATRA Name	I information submitted by me in this y ATRA, or the above address. Do Not Write I For ATRA and MFSI	Date Below This Line PQB Official Use Only	best of my knowledge and belie	f.
ATRA Name Approval Rejected Date Rejected Date	y ATRA, or the above address. Do Not Write I For ATRA and MFSI	Below This Line PQB Official Use Only	best of my knowledge and belie	f.
constitutes cause for denial of certification. Al Signature: Return completed application with check to any ATRA Name Approval Date	y ATRA, or the above address. Do Not Write I For ATRA and MFSI	Below This Line PQB Official Use Only MFSPQB Re	best of my knowledge and belie	f

(Rev 1/24)

CHECK APPLICABLE PROGRAMS THAT APPLY TO CERTIFICATION

FIRE/RESCUE BOAT CREW - MATE 1

P	rerequ	uisites:
()	MFSPQB, NBFSPQ, IFSAC or DOD/IFSAC Fire Fighter I (1001-1) Certification.
()	Current Emergency Medical Technician (EMT) Certification or higher.
<u>o</u>	<u>NE</u> of	f the following options:
()	Option 1, COURSE: Training course based on Fire/Rescue Boat Crew Mate I as developed by the Mid-Chesapeake Marine Emergency Response Group. (No course identified at this time).
()	Option 2, BREAKDOWN: Program breakdown option not available at this time.
()	Option 3, EXAMINATION: Examination not available at this time.
()	Option 4, MENU: Successful completion of All of the following: a. Basic boating course from the U.S. Coast Guard Auxiliary OR U.S. Power Squadron, the Maryland Basic Boating (Department of Natural Resources) Course, OR U.S. Merchant Marine Officer Certification OR the Maryland Natural Resources Police Boat Operator course, within the previous five years. b. Swim 100 feet, and tread water for 5 minutes, concurrently, without the use of a personal flotation device (PFD). c. Documented demonstration of skills for Fire/Rescue Boat Crew Mate I as developed by the Mid-Chesapeake Marine Emergency Response Group, and adopted by the MFSPQB.
()	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

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