



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: # - Area Code

Affiliation: 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.

I hereby apply for Certification in the following area:

Fire Apparatus Driver Operator - Aerial
(1002-A, 2017 ed., Ch. 4, 6)

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

IN-STATE APPLICANT (either affiliated with a Maryland emergency services organization, Maryland resident, or affiliated with an out-of-state emergency services that responds into Maryland routinely): MFSPQB, NBFSPQ and IFSAC - \$10.00

OUT-OF-STATE APPLICANT UNDER OPTIONS 1, 3, AND 4: MFSPQB, NBFSPQ and IFSAC - \$50.00

OUT-OF-STATE APPLICANT UNDER OPTION 2: 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

FIRE APPARATUS DRIVER OPERATOR - AERIAL

(NFPA 1002-A, 2017 edition)

Prerequisites:

- () MFSPQB, NBFSPQ, IFSAC, or DOD/IFSAC Fire Fighter I (1001-1) Certification.

OR

- () MFSPQB, NBFSPQ, IFSAC, OR DOD/IFSAC Advanced Exterior Industrial Fire Brigade Member (1081-AEIFBM) Certification **OR** MFSPQB, NBFSPQ, IFSAC, OR DOD/IFSAC Interior Structural Industrial Fire Brigade Member (1081-ISIFBM) Certification.

ONE of the following options:

- () Option 1, COURSE:
Training course based on NFPA 1002, Chapters 4 and 6 (**No course identified at this time**).
- () 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 1002, Chapters 4 and 6.
- () Option 3, EXAMINATION:
Examination not available at this time.

- () Option 4, MENU:
Successful completion of **ALL** of the following:
 - a. Letter from department attesting to applicants driving history for apparatus equipped with an aerial device during a time period of not less than 2 years**.
OR
MFSPQB FADO-Aerial Skills Checklist and completed Preventive Maintenance sheet.
AND successful completion of **ALL** of the following:
 - b. Valid license to drive apparatus equipped with an aerial device in the jurisdiction of affiliation.
 - c. MFRI Emergency Vehicle Operator or Emergency Vehicle Driver/Operator (FIRE-130)
OR
NFPA 1002, Chapter 4 Certification.
 - d. MFRI Aerial Apparatus Driver/Operator Course (FIRE-114)
(**Successful completion of course on after December 1, 2018***).

****NOTE:** Experience letter must be an original document, on official department letterhead, specify the apparatus type per the application, signed in a contrasting color ink AND include a day time phone number for the signing official. Photocopies or facsimiles will not be accepted.

- () Option 5, OTHER:
Any other option approved by the MFSPQB.

ATTACH ALL REQUIRED SOURCE DOCUMENTATION TO EACH APPLICATION

***For course(s) predating those listed see “Previous Edition” certification application.**