



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



PREVIOUS EDITION 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. This will include but is not limited to transcripts, certificates, diplomas and cards from other state, federal and local agencies, the NFSPQB, 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:

Incipient Facility Fire Brigade Member (1081-IFFBM; 2018 ed.)

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 and NBFSPQ - **\$20.00**

OUT-OF-STATE APPLICANT: **NOT AVAILABLE.**

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 the agency ATRA that sponsored the completed training or to the above address.

Do Not Write Below This Line

For ATRA and MFSPQB Official Use Only

ATRA Name: _____
Approval _____ Date _____
Rejected _____ Date _____
Certification Level # _____
TEST DATE: _____
Signature _____

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PRO BOARD Number: _____
MFSPQB Rep. Signature: _____

CHECK APPLICABLE PROGRAMS THAT APPLY TO CERTIFICATION

INCIPIENT FACILITY FIRE BRIGADE MEMBER

(NFPA 1081-IFFBM)

Prerequisites:

- () MFSPQB, NBFSPQ, IFSAC, or DOD/IFSAC Hazardous Materials/WMD Awareness Level Personnel (470-A, 472-A or 1072-A) Certification **OR** able to meet the requirements of MFSPQB Hazardous Materials/WMD Awareness Level Personnel (470-A) Certification.

ONE of the following options:

- () 2018 Edition, NFPA 1081, Chapter 4.
Successful completion of COURSE:
a. MFRI Incipient Facility Fire Brigade member Course, FIRE-115
(Successful completion of course **October 5, 2023 thru September 30, 2026**).

ATTACH ALL REQUIRED SOURCE DOCUMENTATION TO EACH APPLICATION

FORWARD APPLICATION TO THE SPONSORING AGENCY ATRA