



**-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. 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:

**Health & Safety Officer
(1550-HSO, 2024 ed., Ch. 4)**

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 service that responds into Maryland routinely): _____ MFSPQB and NBFSPQ - \$15.00

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

OUT-OF-STATE APPLICANT UNDER OPTION 2: _____ MFSPQB and NBFSPQ - \$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 _____
Approval _____ Date _____
Rejected _____ Date _____
Certification Level # _____
Signature _____

1
2
3
4
5
6

PRO BOARD Number: _____

MFSPQB Rep. Signature: _____

CHECK APPLICABLE PROGRAMS THAT APPLY TO CERTIFICATION

HEALTH AND SAFETY OFFICER

(NFPA 1550-HSO, 2024 edition)

Prerequisites: NONE

ONE of the following options:

- () Option 1, COURSE:
Training course based on NFPA 1550, Chapter 4.
 - a. MFRI Fire Department Health and Safety Officer, MGMT-238
(Successful completion of course on or after January 1, 2026*).
- () 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 1550, Chapter 4.
- () Option 3, EXAMINATION:
Examination demonstrating proficiency of NFPA 1550, Chapter 4.
- () Option 4, MENU:
Menu option not available at this time.
- () Option 5, OTHER:
Any other option approved by the MFSPQB.

ATTACH ALL REQUIRED SOURCE DOCUMENTATION TO EACH APPLICATION

CERTIFICATION STANDARDS, AVAILABILITY & ELIGIBILITY SUBJECT TO CHANGE W/O NOTICE

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