

**Fire Department Safety Officers Association**  
**Application for Health and Safety Officer Recertification**  
*PLEASE PRINT OR TYPE*

Department: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Preferred Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

FDSOA Certification Number: \_\_\_\_\_

Home or Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**TYPE OF RE-CERTIFICATION**

**Method 1 (Examination)**

**Method 2 (CEUs)**

Exam Dates: \_\_\_\_\_

Application must be submitted 15 days prior to expiration date

Application must be submitted 15 days prior to exam date

**Type of Membership**

Exam Location: \_\_\_\_\_

**Type of Membership**

Active Individual     Active Departmental

Active Individual     Active Departmental

**Type of Payment**

**Type of Payment**

\$50.00 FDSOA Member     \$100.00 Non-Member

\$95.00 FDSOA Member     \$195.00 Non-Member

CEU documentation must be submitted with application

**Method of Payment**  
United States funds drawn on a United States Bank

Check                       Credit Card                      PO# \_\_\_\_\_

**Credit Card Information**  
Master Card/Visa ONLY

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date of Application

Duplicate for additional copies