

Fire Department Safety Officers Association
Incident Safety Officer-Fire Suppression Application for Re-certification
PLEASE PRINT OR TYPE

Department: _____

Applicant's Name: _____

Preferred Address: _____

City: _____ State: _____ Zip: _____

Social Security Number _____ FDSOA Certification Number: _____

Home 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