

**Fire Department Safety Officers Association  
Incident Safety Officer-Fire Suppression Recertification  
By  
Work Experience**

The purpose of this form is to confirm that the person listed below has met the work experience requirements, during the past Five (5) years, of the Fire Department Safety Officers Association's Recertification for Incident Safety Officer - Fire Suppression.  
**Please Print or Type**

**Department** \_\_\_\_\_

**Applicant's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home or Cell Phone** \_\_\_\_\_ **FDSOA Certification Number** \_\_\_\_\_

**Work Phone** \_\_\_\_\_

*Please confirm the number of incidents in which you served as an Incident Safety Officer or an Assistant Incident Safety Officer with your jurisdiction or during a Mutual Aid response with another jurisdiction.*

**DIRECTIONS:** Please complete the year, number of responses and a signature from a supervisor or Chief Officer. Each line is for one (1) calendar year. The form is to be used for five (5) calendar years.

YEAR	NUMBER OF RESPONSES	VERIFIED BY	For Office Use Only CEUs Awarded
20_____	_____	_____	_____
20_____	_____	_____	_____
20_____	_____	_____	_____
20_____	_____	_____	_____
20_____	_____	_____	_____

I certify all information contained herein is accurate and truthful to the best of my knowledge.

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

\_\_\_\_\_  
Date

**Fire Department Safety Officers Association  
Incident Safety Officer-Fire Suppression Recertification  
By  
Education**

The purpose of this form is to document that the person listed below has attended an educational course offering, to meet the requirements of the Fire Department Safety Officers Association's Recertification for Incident Safety Officer - Fire Suppression

**Please Print or Type**

**Date** \_\_\_\_\_ **FDSOA Certification Number** \_\_\_\_\_

**Applicant's Name** \_\_\_\_\_

**Course location or Conference Name** \_\_\_\_\_

**Course or Conference Date** \_\_\_\_\_

CEUs will be awarded for classroom attendance in the following subject areas: Risk Management, Safety Management, Fire Suppression Safety, Fire Suppression Techniques, Building Construction and Personal Protective Equipment. One (1) CEU will be awarded for one (1) contact or classroom hour.

**Directions:** Please print the course title, classroom hours and a brief course description. If a printed brochure has the necessary information it may be stapled to the form. **DO NOT SUBMIT THE ENTIRE BROCHURE.** If the class is taught by a local jurisdiction please have the instructor sign the form.

**Course Title** \_\_\_\_\_ **Classroom Hours** \_\_\_\_\_

**Course Description** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify all information contained herein is accurate and truthful to the best of my knowledge.

\_\_\_\_\_  
Local Instructor Signature

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

\_\_\_\_\_  
Date

<b>For Office Use Only</b> CEUs Awarded _____
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**Fire Department Safety Officers Association  
Incident Safety Officer-Fire Suppression Recertification  
By  
Instruction, Practical Training or Post Incident Analysis**

The purpose of this form is to document that the person listed below participated in Safety Instruction, Practical Training Evolutions or conduct a Post Incident Analysis to meet the requirements of the Fire Department Safety Officers Association's Recertification for Incident Safety Officer - Fire Suppression.

**Please Print or Type**

Date \_\_\_\_\_ FDSOA Certification Number \_\_\_\_\_

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

Course location or Conference Name \_\_\_\_\_

Course Date \_\_\_\_\_

CEUs will be awarded for classroom instruction on a safety subject, establishing safety, assisting with safety during a practical training evolution or conducting a Post Incident Analysis. One (1) CEU will be awarded for every hour of classroom or practical training and Post Incident Analysis.

**Directions: What did you teach or what type of training did you serve as the ISO or Assistant ISO?** Please print the course title, classroom hours and a brief course description. Please indicate if you served as ISO or Assistant ISO.

Course Title \_\_\_\_\_ Classroom Hours \_\_\_\_\_

Course Description \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify all information contained herein is accurate and truthful to the best of my knowledge.

\_\_\_\_\_  
Supervisor or Chief Officers Signature

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

\_\_\_\_\_  
Date

**DUPLICATE FOR ADDITIONAL COPIES**

<b>For Office Use Only</b> CEUs Awarded _____
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