



FDSOA Programs Office: 522 St. Louis Road, Collinsville, IL 62234  
Voice: 618-344-2595 · Fax: 618-344-2594  
Email: programs@fdsoa.org

### Health & Safety Officer Certification Application

Applicant Shall Meet Requirements of NFPA 1521, 2008 ed. Chapter 4, Section 4 and must possess a current Incident Safety Officer certification.

#### Please Type or Print All Information

Name \_\_\_\_\_ SS# Last 4 digits \_\_\_\_\_

Agency \_\_\_\_\_ Rank \_\_\_\_\_

Department Type  Career  Combination  Volunteer  Other

Mailing Address \_\_\_\_\_

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

Day Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

#### Professional Experience (Required)

Agency	Dates	Position

#### To Employer (Required)

Please verify the above information by signing below:

I verify that \_\_\_\_\_ has been involved in the Emergency Services for a minimum of 5 years and meets the requirements of NFPA 1521, 2008 ed. Chapter 4, Section 4 and is currently a certified Incident Safety Officer.

Print Name \_\_\_\_\_

**Required: Chief or Chief Officer**

Signature \_\_\_\_\_

**Required**

**(Please print or type)**

Exam Location \_\_\_\_\_ Exam Date \_\_\_\_\_

**Deadline: Completed application, with payment, must be received 15 days prior to exam date.**

**Payment must accompany registration form**

\_\_\_\_\_ **\$195.00 Non-Member (U.S.)**                      \_\_\_\_\_ **FDSOA Members \$95.00 (U.S.)**

A refund will be given the applicant (or sponsoring organization) provided **written notification is received by FDSOA at least one (1) week prior to exam.** A 25% processing fee will be applied.

**Save \$15.00—Join FDSOA today (with the submission of the application) and pay member rate.**

Membership:    \_\_\_\_\_ Individual \$ 85.00 US                      \_\_\_\_\_ Department \$385.00 US

Check \$ \_\_\_\_\_ PO # \_\_\_\_\_ **PO must accompany application**

\_\_\_\_\_ Master Card    \_\_\_\_\_ Visa    (FDSOA only accepts Visa or Master Card)

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Holder Name \_\_\_\_\_  
Please Print

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

**If all information requested is not provided, application will be returned.**

By signing and submitting my credentials, registration form, and payment, I accept the conditions for FDSOA Certification concerning the offering of the examination, the reporting of scores, the release of information and the certification and/or re-certification processes and policies. I certify that the information in this application is true, complete and current to the best of my knowledge and is made in good faith. I understand that if any information is later determined to be false, the FDSOA Certification Committee reserves the right to revoke any certification granted because of that false information.

I understand that the evaluator(s) at any assigned exam center are authorized to take all action they deem necessary and proper to administer the test securely, fairly and efficiently. I acknowledge that the evaluator (s) may relocate me during or before the examination.

**Applicant's Signature** \_\_\_\_\_

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

Date \_\_\_\_\_