



FDSOA Programs Office: 522 St. Louis Road, Collinsville, IL 62234
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Incident Safety Officer-Fire Suppression Certification Application

Applicant Shall Meet Requirements of NFPA 1521. 2002 ed. Chapter 4, Section 4.4.1

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 – 2002 ed. Chapter 4, Section 4.4.1

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 _____