



FDSOA Certification Office
2875 W. Ray Rd., 6-315, Chandler, AZ 85224
Voice: 248-880-1864
Email: programs@fdsoa.org

Health & Safety Officer Certification Application

Applicant shall meet the job performance requirements (JPRs) of NFPA 1521-2020 Standard for Fire Department Safety Officer, defined in Chapter 4 Section 4.1.1

Please Type or Print All Information

Name _____ SS# Last 4 digits _____

Agency _____ Rank _____

Department Type: Career Combination Volunteer Other

Mailing Address _____

City _____ State _____ Zip _____

Cell Phone _____ Email _____

Do you have a physical or learning disability? _____

Professional Experience (Required)

Agency	Dates	Position

APPLICANT'S SIGNATURE _____ **Date:** _____

****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 – 2020. Standard for Fire Officer Chapter 4, Section 4.1

Fire Chief / Chief Officer - Printed Name _____

Fire Chief / Chief Officer - Signature _____ Date _____