



FDSOA Certification Office
5967 Bedford Pl., Ann Arbor, MI 48105
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Email: programs@fdsoa.org

TRAFFIC INCIDENT MANAGEMENT PERSON SKILLS VALIDATION AFFIDAVIT

Name: _____ Last 4 SS# _____

Agency: _____ Title: _____

Address: _____ Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Applicant's Validation Statement (required)

I verify that I have completed the nine (9) requisite skill sheets provided by the FDSOA for Traffic Incident Management Technician certification. I am only required to return this affidavit, but I understand that the FDSOA may conduct random audits and request completed skill sheets. I will keep the completed skills sheets in my possession.

Candidate's signature _____ Date _____

Skills Validation Statement by Employer (Required)

I verify that I am a Supervisor for the above applicant's agency and the said applicant has completed requisite skills sheets developed by the FDSOA as written in NFPA 1091, 2015 ed

Print Name: _____ Title: _____

Signature: _____ Date: _____

SCAN & EMAIL THIS COMPLETED AFFIDAVIT TO PROGRAMS@FDSOA.ORG.

WE DO NOT NEED THE ORIGINAL DOCUMENT.

Certificates will not be issued until receipt of the signed affidavit within one year of the exam date