



FDSOA Certification Office
33365 Raphael Road, Farmington Hills, MI 48336
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Email: programs@fdsoa.org

Health & Safety Officer Certification Application

Applicant shall meet the job performance requirements (JPRs) of NFPA 1521-2015 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 _____

Day Phone _____ Fax _____

Email _____ Do you have a physical or learning disability _____

Professional Experience (Required)

Agency	Dates	Position

To Employer (Required)

Please verify the above information by signing below:

I verify that _____ meets the requirements in Chapter 4 Section 4.1.1 of NFPA 1521-2015 for a Health and 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

_____ **\$225.00 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 \$31.00—Join FDSOA today and pay the member rate for the exam.

Membership: _____ Individual \$ 99.00 US _____ Department \$399.00 US

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

_____ MasterCard _____ Visa _____ Discover _____ American Express

Card Number _____ Exp. Date _____

Security Code _____ Zip/Postal Code Affiliated with Credit Card _____

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 _____