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)

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<th>Agency</th>
<th>Dates</th>
<th>Position</th>
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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______________________________________________________________

Rev 7/17/2019