State Firefighters' and Fire Marshals' Association of Texas
Texas Volunteer Firefighters' and Fire Marshals' Certification Board

PO Box 1709 ◆ Manchaca, Texas 78652 ◆ (800) 580-7336
certification@sffma.org ◆ www.sffma.org ◆ Fax: (512) 453-1876

CERTIFICATION CREDIT CARD PAYMENT
Please write the number you wish to pay for by the appropriate certification.

Certification Coordinator	____	@ $25.00 each = $ _____
NFPA 1403 compliant Introductory	____	@ $25.00 each = $ _____
NFPA 1001: Firefighter I	____	@ $25.00 each = $ _____
NFPA 1001: Firefighter II	____	@ $25.00 each = $ _____
Master Firefighter	____	@ $25.00 each = $ _____
NFPA 1051: Wildland Fire Fighting	____	@ $25.00 each = $ _____
NFPA 1041: Instructor I	____	@ $25.00 each = $ _____
NFPA 1041: Instructor II	____	@ $25.00 each = $ _____
NFPA 1041: Instructor III	____	@ $25.00 each = $ _____
NFPA 1035: Public Fire Educator I	____	@ $25.00 each = $ _____
NFPA 1035: Public Fire Educator II	____	@ $25.00 each = $ _____
NFPA 1002: Driver/Operator	____	@ $25.00 each = $ _____
NFPA 1584: Support Personnel	____	@ $25.00 each = $ _____
NFPA 1021: Fire Officer I	____	@ $25.00 each = $ _____
NFPA 1021: Fire Officer II	____	@ $25.00 each = $ _____
NFPA 1021: Fire Officer III	____	@ $25.00 each = $ _____
NFPA 1021: Fire Officer IV	____	@ $25.00 each = $ _____
NFPA 1021: Incident Safety Officer	____	@ $25.00 each = $ _____
NFPA 1035: Public Information Officer	____	@ $25.00 each = $ _____
NFPA 1033: Fire Investigator	____	@ $25.00 each = $ _____
NFPA 1033: Arson Investigator	____	@ $25.00 each = $ _____
NFPA 1031: Fire Inspector	____	@ $25.00 each = $ _____
Full-Color Replacement Certificate	____	@ $ 5.00 each = $ _____
Progress Report Late Fee	____	@ $25.00 each = $ _____

TOTAL AMOUNT DUE: $ _____

PAYMENT METHODS			
Check	Mail completed form and payment to: **SFFMA** **PO Box 1709** **Manchaca, TX 78652**		
Credit Card	Fax completed form with payment information below to **(512) 453-1876** or scan and e-mail to certification@sffma.org		
	Name on Card	❑ VISA	❑ MC
	Credit Card #	❑ AMEX	❑ DISC
	Billing Address	Exp. Date REQUIRED!	
	City, State Zip		
	Phone	Authorized Signature	

THANK YOU FOR YOUR SUPPORT!