

State Firefighters' and Fire Marshals' Association of Texas

Texas Volunteer Firefighters' and Fire Marshals' Certification Board

PO Box 1709 ♦ Manchaca, Texas 78652-1709 ♦ Phone: 512.454.3473

For faster processing: e-mail to certification@sffma.org or fax to 512.453.1876

SFFMA OFFICE USE ONLY		
<input type="checkbox"/> DD <input type="checkbox"/> ID <input type="checkbox"/> PR	REC'D	PAYMENT
	CERTIFIED	

Applicant Information **Fields 1, 3, 4, and 5 are REQUIRED**			Department Information	
1) Full Legal Name (including middle name, no initials):			6) Fire Department:	
2) Name to Appear on Certificate (if different):			8) Dept SFFMA ID #:	
3) SFFMA ID #:	4) Last 4 digits of SSN:	5) Birth Date:		
6) Applicant's E-mail:			9) Dept E-mail:	

CERTIFICATION COORDINATOR APPLICATION — \$25.00

THIS SECTION IS TO BE COMPLETED BY THE APPLICANT	
11) Total Number of Years Applicant Has Served in the Fire Service: _____	
Both SFFMA Certification and Instructional Coursework must be completed in order to qualify for full certification:	
12) SFFMA Certification: <input type="checkbox"/> Full Firefighter I <input type="checkbox"/> Full Firefighter II <input type="checkbox"/> Master Firefighter (select highest earned) (includes examinations) (includes examinations)	
13) Courses Completed: <input type="checkbox"/> Methods of Teaching <input type="checkbox"/> Instructional Techniques (select at least one) <input type="checkbox"/> NFPA 1041: Instructor I or higher <input type="checkbox"/> Other	

Notice: "Provisional" status will be assigned if instructional coursework documentation is not submitted.

Duties of the Certification Coordinator:

- 1) Track and report training for the department
- 2) Submit an annual Progress Report (training summary) by January 31st annually
- 3) Maintain workshop attendance on a timely basis
- 4) Serve as a contact for the certification office

I have read and understand the duties as listed.

Applicant Signature

I attest that the information contained in this application is true and correct to the best of my knowledge.
I further attest that the applicant has achieved all objectives required for the certification level(s) indicated above as well as prerequisite "Courage to be Safe" training.

Fire Chief Signature

Applicant Signature

Print Name Here

Print Name Here