



STATE FIREFIGHTERS' AND FIRE MARSHALS' ASSOCIATION OF TEXAS

Promote, Unify, Represent, and Educate The Fire Service of Texas

Applicant Name: _____

Fire Dept: _____

Step 1: Complete Master Firefighter application

Step 2: List all supporting documents by category on page 2 (additional pages may be added as necessary)

Step 3: Compile all course completion certificates in exact order as listed on application

Step 4: Verify there is a minimum of 40 hours in 5 of the 6 categories (**requires Fire Fighting course completion certificates outside of NFPA 1001**).

Step 5: Verify there is a minimum of 400 hours overall

Step 6: Verify that no class is credited for more than 40 hours.

Step 7: Submit entire application to your Certification Board Zone Representative for review.

This section to be completed by Certification Board Zone Representative

I, _____, have reviewed the above referenced Master Firefighter application, and give my approval for its acceptance by the full Certification Board.

I, _____, have reviewed the above referenced Master Firefighter application, and **do not** give my approval for its acceptance by the full Certification Board.

(comments section below must be completed)

Zone Representative Signature _____

Review Date: _____

Comments: _____

Step 8: Upon approval of Certification Zone Representative submit entire application packet including this cover page to Austin office.

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):			7) Dept SFFMA ID #:
3) SFFMA ID #:	4) Last 4 digits of SSN:	5) Birth Date:	8) Dept E-mail:

MASTER FIREFIGHTER APPLICATION — \$25.00

THIS SECTION IS TO BE COMPLETED BY THE CERTIFICATION COORDINATOR

Each of the following requirements have been completed in order to qualify for this certification:

- 9) SFFMA Firefighter II certification (or Accredited Advanced Firefighter issued before January 1, 2012)
- 10) A minimum of ten (10) years of fire fighting service (indicate below)
- 11) A minimum of four hundred (400) total hours of training (indicate on page 2)
- 12) A minimum of one (1) course AND forty (40) hours of training from five (5) of the six (6) categories.

NOTE: ATTACH A TCFP MASTER FIREFIGHTER CERTIFICATE IN PLACE OF ITEMS 11 AND 12

Documentation of each credited course MUST be attached

FIRE DEPARTMENT EXPERIENCE

Department Name	Dates of Enrollment	Rank
TOTAL YEARS IN FIRE SERVICE (MINIMUM 10 YEARS REQUIRED) :		

Due to the nature of this program, it is important that the applicant and his/her Certification Coordinator pay close attention to the following requirements:

1. Carefully copy EACH Satisfactorily Completed Certificate.
2. Legibly complete the application form.
3. Review the list of approved courses, and compare this to your certificates. Review any questionable courses with your Coordinator and your Zone Representative before submitting to the Austin office.
4. Assemble all the materials in a neat package. It is suggested that you insert separators between each subject area, and put all common documents into each section for ease of reference. It would also be helpful to have an index of the documents in chronological order.
5. Due to the time required for review of your application by three (3) Board members, this process on your part will serve to speed up the review process. This will enable the full Certification Board to give an approval in an expedient manner and leave your records in an orderly form that will assist our office staff filing them and being able to assess them in the course your career.
6. With the packet assembled and ready, be sure and obtain all of the required signatures in the right places on the application. Check both the department and individual participation status, and then mail it to the SFFMA Office with the appropriate fee.

FULLY COMPLETE PAGE 2 GRID OR ATTACH TCFP MASTER FIREFIGHTER CERTIFICATE

CATEGORIES/COURSES COMPLETED	HOURS
I. MEDICAL:	
MEDICAL TOTAL	

CATEGORIES/COURSES COMPLETED	HOURS
IV. FIRE PREVENTION:	
FIRE PREVENTION TOTAL	

II. MANAGEMENT/SUPERVISION:	
MGMT/SUPERVISION TOTAL	

V. EDUCATIONAL/INSTRUCTIONAL:	
ED/INSTR TOTAL	

III. RESCUE/HAZMAT:	
RESCUE/HAZMAT TOTAL	

VI. OTHERS:	
OTHERS TOTAL	

OVERALL TOTAL	
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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

Certification Coordinator Signature

Applicant Signature

Print Name Here

Print Name Here

Print Name Here