

Date Received	 Department of Public Safety Division of Fire Safety PO Box 844, Jefferson City, MO 65102 (573) 522-2426 FAX (573) 751-1744 Website: www.dfs.dps.mo.gov	 	Date Approved
Received by			Approved By
Application for Recertification			

RECERTIFICATION APPLYING FOR:

Fire Service Instructor	<input type="checkbox"/> Level I	<input type="checkbox"/> Level II	<input type="checkbox"/> Level III	<input type="checkbox"/> Level IV
Fire Inspector	<input type="checkbox"/> Level I			
Fire Investigator	<input type="checkbox"/> Level I			
Hazardous Materials - Technician	<input type="checkbox"/>			

Personal Information:

Last 4 SSN #	Last Name	Suffix	First Name	M. I.	
Mailing Address of Applicant		City	State	Zip Code	County
Date of Birth	Driver's License #	D.L. State	Personal Phone # <input type="checkbox"/> Home <input type="checkbox"/> Cell	Email Address	

Agency Information:

Agency Name	Agency Phone #	County	
Agency Street Address	City	State	Zip Code

Agency Representing

<input type="checkbox"/> Fire Service Yrs of Service _____	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Education Facility	<input type="checkbox"/> Private Employer	<input type="checkbox"/> Other Local, State or Federal Agency
<input type="checkbox"/> Volunteer FD <input type="checkbox"/> Paid FD				

Division of Fire Safety Use Only

Received	Yes	No	Date	Initials	Sent	Yes	No	Date	Initials
Letter from Supervisor					ID Card				
Course Records					Data Entry Date:				Initials:

NOTES:

Have you ever forfeited bond, entered a plea of guilt or been convicted of any criminal offense (other than minor traffic offenses)?

Yes **No**

**If yes, download a "Criminal Offense Statement" at
http://www.dfs.dps.mo.gov/documents/forms/MO_815-F0047.pdf**

This form MUST be fully completed and submitted with this application.

Fire Service Instructor:

- ✓ **Attach** documentation of a minimum of **12 hours of instructing AND 12 hours as a student for a total of 24 hours of instructional development training over the past 3 years.**

For example: For every hour of verifiable instruction of a certificated course for either a fire academy, Missouri Fire & Rescue Training Institute, National Fire Academy, Division of Fire Safety, or documented in-service training, you will receive one hour of credit toward recertification, up to twelve hours. The remaining twelve hours must come from a course or conference you have attended within the last three years for *instructional development*.

- ✓ **Attach a summary of how your duties over the past three years reflect your current certification level.**

Fire Inspector:

- ✓ **Attach** documentation of a minimum of **30 hours of training** as a student or instructor, or any combination of fire inspection related courses or seminars since the date of your original certification or the past three years.
- ✓ **Attach a summary of how your duties over the past three years reflect your current certification level.**

Fire Investigator:

- ✓ **Attach** documentation of a minimum of **30 hours of training** as a student or instructor, or any combination of fire investigation related courses or seminars within the past three years.
- ✓ **Attach a letter from your supervisor attesting that you are actively conducting fire investigations within your department or agency.**

Hazardous Materials – Technician:

- ✓ **Attach** documentation of a minimum of **24 hours of training (8 hours per year)** as a student or instructor, or any combination, in Hazardous Materials - Technician related courses or seminars within the past three years. Continuing education training must include demonstration of competency at all practical skill evolutions conducted during the approved classes and documentation of these proficiencies.
- ✓ **Attach a summary of how your duties over the past three years reflect your current certification level.**

Authorization for Release of Information

I, (Print Full Name) _____ hereby certify that all statements made on or in connection with this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material facts will cause denial or forfeiture of my certifications.

I further authorize all law enforcement agencies, U.S. Military, Federal, State and/or Local government agencies to furnish the Missouri Division of Fire Safety, with any and all information regarding me in order to determine suitability for certification. I further release said agency or person from all liability for any damages whatsoever that may occur from furnishing such information to the Missouri Division of Fire Safety.

Also, by signing this form, I hereby authorize the release of any or all information concerning my enrollment status for the courses requesting certification and certification exam results only to the Chief Officer or his designee of my organization. A photo-static copy of this authorization will be considered as effective and valid as the original.

Signature of Applicant: _____

Date: _____