

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 Written Certification Testing							
Location for Testing (see website for testing locations and dates)					Testing Date		
Personal Information:							
Last 4 SSN #	Last Name			Suffix	First Name		M. Initial
Mailing Address			City			State	Zip Code
Personal Phone #	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	Date of Birth	Sex		County of Residence	
				<input type="checkbox"/> Male <input type="checkbox"/> Female			
Email Address			Agency representing				
PLEASE CHECK IF APPLYING FOR A RETEST							<input type="checkbox"/> RETEST
Check the Certification Test(s) Applying For:							
Hazardous Materials <input type="checkbox"/> Awareness <input type="checkbox"/> Operations <input type="checkbox"/> Technician		Driver/Operator <input type="checkbox"/> Core <input type="checkbox"/> Pumper <input type="checkbox"/> Aerial <input type="checkbox"/> Mobile Water Supply		Fire Officer <input type="checkbox"/> Fire Officer I <input type="checkbox"/> Fire Officer II <input type="checkbox"/> Fire Officer III <input type="checkbox"/> Fire Officer IV		Technical Rescuer <input type="checkbox"/> Core <input type="checkbox"/> Rope I <input type="checkbox"/> Rope II	
Fire Protection <input type="checkbox"/> Firefighter I <input type="checkbox"/> Firefighter II		Fire Service Instructor <input type="checkbox"/> Level I <input type="checkbox"/> Level II		Fire Inspector <input type="checkbox"/> Level I <input type="checkbox"/> Level II		Public Fire & Life Safety Educator <input type="checkbox"/> Level I <input type="checkbox"/> Level II	
Live Fire Instructor <input type="checkbox"/> LFI		Fire Investigator <input type="checkbox"/> Inv				Incident Safety Officer <input type="checkbox"/> ISO	

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:** _____

You are only approved for written certification testing after receiving confirmation by the Division of Fire Safety