

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 Equivalency Testing

THE CANDIDATE MUST MAIL IN ALL EQUIVALENCY DOCUMENTATION. APPLICATION MUST BE ORIGINAL; ALL OTHER DOCUMENTATION MAY BE COPIES. THE DIVISION OF FIRE SAFETY WILL NOT ACCEPT ANY FAXED OR EMAILED APPLICATIONS.

Personal Information:

Last 4 SSN #	Last Name	Suffix	First Name	MI	County of Residence
Mailing Address of Applicant			City	State	Zip Code
Date of Birth	Sex	Personal Phone # <input type="checkbox"/> Home <input type="checkbox"/> Cell	Email Address		
	<input type="checkbox"/> Male <input type="checkbox"/> Female				
Agency Name			Fire Fighter Status (If Applicable)	Total Years of service	
			<input type="checkbox"/> Volunteer FF <input type="checkbox"/> Paid FF		

Equivalency Testing Applying For: (check all applicable boxes)

Hazardous Materials <input type="checkbox"/> Awareness <input type="checkbox"/> Operations <input type="checkbox"/> Technician	Technical Rescuer <input type="checkbox"/> Core Chapter 5 <input type="checkbox"/> Rope I Chapter 6.1 <input type="checkbox"/> Rope II Chapter 6.2	Fire Officer <input type="checkbox"/> FO I <input type="checkbox"/> FO II <input type="checkbox"/> FO III <input type="checkbox"/> FO IV	Driver Operator <input type="checkbox"/> Core <input type="checkbox"/> Pumper <input type="checkbox"/> Aerial <input type="checkbox"/> Mobile Water Supply
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 Ed. <input type="checkbox"/> Level I
<input type="checkbox"/> Fire Investigator	<input type="checkbox"/> Incident Safety Officer	<input type="checkbox"/> Live Fire Instructor	

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: _____

For Fire Service Only

Signature of Fire Chief: _____ Date: _____

Equivalency

Individuals not holding certification accredited by the International Fire Service Accreditation Congress (IFSAC) or the National Board on Fire Service Professional Qualifications (ProBoard) must comply with the following guidelines:

- A. Candidate must complete the appropriate application, attach supporting documentation and include a copy of your driver's license.
- B. The candidate must be a member of a fire department, law enforcement agency or do business in the State of Missouri.
- C. Candidate must submit documentation of training and testing that complies with each component of the appropriate NFPA Standard for desired level of certification. Documentation must be dated within the last five years.
- D. Candidate must successfully pass the Division of Fire Safety's written exam with a minimum score of 70% for desired level of certification and practical skills exam, where applicable.
- E. Applicant must meet the general requirements for certification as outlined in the appropriate certification booklet.

The Missouri Division of Fire Safety Training Division will review and verify all documentation. Once documentation has been reviewed and verified to meet the educational criteria, the candidate will be eligible for equivalency testing. If documentation does not meet the educational requirements, the candidate will be denied equivalency testing. The candidate would then be required to complete an approved training program and meet all certification requirements including but not limited to, passing written and practical skills certification exams.