**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](http://www.dfs.dps.mo.gov)

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**Application for Written Certification Testing**

<table>
<thead>
<tr>
<th>Location of Exam (see website for exam locations and dates)</th>
<th>Exam Date</th>
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**Personal Information:**

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<th>Last 4 SSN #</th>
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<th>Suffix</th>
<th>First Name</th>
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<th>Date of Birth</th>
<th>Sex</th>
<th>County of Residence</th>
<th>Total Years of Service</th>
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<tr>
<th>Email Address</th>
<th>Agency representing</th>
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**PLEASE CHECK IF APPLYING FOR A RETEST**    \(\square\) RETEST

Check the Certification Exam(s) Applying For:

- **Hazardous Materials**
  - Awareness
  - Operations
  - Technician

- **Driver/Operator**
  - Core
  - Pumper
  - Aerial
  - Mobile Water Supply

- **Fire Officer**
  - Fire Officer I
  - Fire Officer II
  - Fire Officer III
  - Fire Officer IV

- **Technical Rescuer**
  - Core
  - Rope I
  - Rope II

- **Fire Protection**
  - Firefighter I
  - Firefighter II

- **Fire Service Instructor**
  - Level I
  - Level II

- **Fire Inspector**
  - Level I
  - Level II

- **Live Fire Instructor**
  - LFI

- **Fire Investigator**
  - Inv

- **Public Fire & Life Safety Educator**
  - Level I
  - Level II

- **Live Fire Instructor**
  - Level I

- **Incident Safety Officer**
  - ISO

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**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**