

Date Received		<b>Department of Public Safety</b> <b>Division of Fire Safety</b> PO Box 844, Jefferson City, MO 65102 (573) 522-2426 FAX (573) 751-1744 Website: <a href="http://www.dfs.dps.mo.gov">www.dfs.dps.mo.gov</a>	 	Date Approved
Received By				Approved By
<b>Certification Information Request</b>				

**Personal Information Request** (for Individual request only)

Last 4 SSN #	Legal Last Name	Legal First Name	Date of Birth	
Mailing Address of Applicant		City	State	Zip Code
Phone Number		Email address		
<input type="checkbox"/> Home <input type="checkbox"/> Cell				

What is the reason for this request?  
 \_\_\_\_\_  
 \_\_\_\_\_

**Agency Information Request**

**Department Certification Roster (For Fire Department Use ONLY)**(must submit a list of current personnel in excel format with legal Last Name, First Name, Middle Initial, Address and Date of Birth in different columns. For common names we may request more information.)

**Other**(explain \_\_\_\_\_)

**Individual Requesting Information**

Last Name	First Name	Rank(if Applicable)	Agency Requesting Info
Email address			

What is the purpose of this request?	How will this information be used?

**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: \_\_\_\_\_