MARYLAND VOLUNTARY FIRE SERVICE CERTIFICATION SYSTEM

Maryland Fire Service Personnel Qualifications Board, Inc.
c/o Maryland Fire and Rescue Institute
University of Maryland Building 199
College Park, Maryland 20742-6811
1-800-ASK-MFRI

PROGRAM CERTIFICATION APPLICATION

Applicant Information

Name: _____
Last First Middle

Address: _____
Street Route/PO Box

_____
City County State Zip

Social Security: # ___ - ___ - ____ Date of Birth: ___ / ___ / ____ Phone: # ___ - _____
Area Code

Affiliation: _____
Fire Department Company

Secondary Affiliation: _____
Fire Department Company

Please complete all of the attached (pages) and ascertain what documentation must be submitted with this application. All documentation used to support certification requirements must be original if not on record with the MFSPQB certifying agency. This will include but is not limited to transcripts, certificates, diplomas and cards from other state, federal and local agencies, the NBFSPQ, the IFSAC, or any accredited entity of the IFSAC, or the USDOD, colleges, and NFA. It is the responsibility of the applicant to maintain a copy of all materials and documentation submitted.

I hereby apply for Certification in the following area:

Fire Apparatus Driver Operator - Pump
(1010-P, 2024 ed., Ch. 11, 12)

THE FEE MUST BE PAID WITH A CHECK OR MONEY ORDER MADE PAYABLE TO MFSPQB

IN-STATE APPLICANT (either affiliated with a Maryland emergency services organization, Maryland resident, or affiliated with an out-of-state emergency service that responds into Maryland routinely): ____MFSPQB, NBFSPQ and IFSAC - **$15.00**

OUT-OF-STATE APPLICANT UNDER OPTIONS 1, 3, AND 4: ____MFSPQB, NBFSPQ and IFSAC - $50.00

OUT-OF-STATE APPLICANT UNDER OPTION 2: ____MFSPQB, NBFSPQ and IFSAC - $250.00 payable to MFSPQB, *

*The applicant must pay a separate processing fee of $500.00 payable to the University of Maryland. Payment must be made with two separate checks or money order.

Return check policy: Applicant will be charged $10.00 for each returned check. Additionally, if the application has been processed, certificates produced and then revoked because of the bad check, the applicant will have to satisfy the first application fees plus returned check fees and then reapply at full cost(s).

I, the undersigned, certify by my signature that I fully understand that my significant misstatement in or omission from this application or any future application constitutes cause for denial of certification. All information submitted by me in this application is true to the best of my knowledge and belief.

Signature: _____ Date: _____

Return completed application with check to any ATRA, or the above address.

Do Not Write Below This Line

For ATRA and MFSPQB Official Use Only

ATRA Name _____ **1** PRO BOARD Number: _____
Approval _____ Date _____ **2**
Rejected _____ Date _____ **3** IFSAC Number: _____
Certification Level # _____ **4**
Signature _____ **5** MFSPQB Rep. Signature: _____
6

(Rev 3/26)

CHECK APPLICABLE PROGRAMS THAT APPLY TO CERTIFICATION

FIRE APPARATUS DRIVER OPERATOR - PUMP

(NFPA 1010-P, 2024 edition)

Prerequisites:

( ) Valid Maryland Class A or B drivers license or equivalent.

( ) MFSPQB, NBFSPQ, IFSAC, or DOD/IFSAC Firefighter I (1001-1 or 1010-1) Certification
OR
MFRI Firefighter I Course (**Successful completion of course on of after January 1, 2004**).

ONE of the following options:

( ) Option 1, COURSE:
No course identified at this time.

( ) Option 2, BREAKDOWN:
Any combination of training programs, as listed in the Training and Education for Certification (T.E.C.) Book or approved by the Local Review Board as meeting NFPA 1010, Chapters 11 and 12.

( ) Option 3, EXAMINATION:
Examination not available at this time.

( ) Option 4, MENU:
Sucessful completion of **ALL** of the following:

a. Letter from department attesting to applicants driving history for apparatus equipped with an attack or fire pump during a time period of not less than 2 years****.**
OR
MFSPQB FADO-Pump Skills Checklist (**Current Version Dated 1-1-2026**) and a completed Preventive Maintenance sheet.

AND successful completion of **ALL** of the following:

b. MFRI Emergency Vehicle Operator Course (FIRE-130 or FIRE-143)
OR
NFPA 1002, Chapter 4 or NFPA 1010, Chapter 11 Certification.

c. MFRI Pump Apparatus Operator Course (FIRE-144)
(**Successful completion of course on or after January 1, 2026***).

****NOTE:** Experience letter must be an original document, on official department letterhead, specify the apparatus type per the application, signed in a contrasting color ink AND include a day time phone number for the signing official. Photocopies or facsimiles will not be accepted.

( ) Option 5, OTHER:
Any other option approved by the MFSPQB.

ATTACH ALL REQUIRED SOURCE DOCUMENTATION TO EACH APPLICATION

CERTIFICATION STANDARDS, AVAIALBILITY & ELIGIBILTY SUBJECT TO CHANGE W/O NOTICE

***For course(s) predating those listed see "Previous Edition" certification application.**