

State Firefighters' and Fire Marshals' Association of Texas

Texas Volunteer Firefighters' and Fire Marshals' Certification Board

PO Box 1709 ♦ Manchaca, Texas 78652-1709 ♦ Phone: 512.454.3473

For faster processing: e-mail to certification@sffma.org or fax to 512.453.1876

SFFMA OFFICE USE ONLY		
<input type="checkbox"/> DD <input type="checkbox"/> ID <input type="checkbox"/> PR	REC'D	PAYMENT
	CERTIFIED	

Applicant Information **Fields 1, 3, 4, and 5 are REQUIRED**			Department Information	
1) Full Legal Name (including middle name, no initials):			7) Fire Department:	
2) Name to Appear on Certificate (if different):			8) Dept SFFMA ID #:	
3) SFFMA ID #:	4) Last 4 digits of SSN:	5) Birth Date:		
6) Applicant's E-mail:			9) Dept E-mail:	

WILDLAND FIRE FIGHTING APPLICATION — \$25.00

<p>¹⁰⁾ One of the following requirements have been completed in order to qualify for this certification:</p> <ul style="list-style-type: none"> <input type="checkbox"/> SFFMA Wildland Fire Fighting coursework <input type="checkbox"/> Texas Forest Service Wildland Fire Fighting coursework <input type="checkbox"/> Classroom-based Wildland Firefighter Training coursework as defined in <i>National Wildfire Coordinating Group (NWCG) S-130, S-190, L-180, and I-100</i>

NOTICE: Documentation of training supporting application must accompany application to the Austin office.

I attest that the information contained in this application is true and correct to the best of my knowledge.
 I further attest that the applicant has achieved all objectives required for the certification level(s) indicated above as well as prerequisite "Courage to be Safe" training.

_____	_____	_____
Fire Chief Signature	Certification Coordinator Signature	Applicant Signature
_____	_____	_____
Print Name Here	Print Name Here	Print Name Here