



STATE FIREFIGHTERS' AND FIRE MARSHALS' ASSOCIATION OF TEXAS

Promote, Unify, Represent, and Educate The Fire Service of Texas

Applicant Name: _____

Fire Dept: _____

Step 1: Verify applicant holds SFFMA Firefighter II or Accredited Advanced Firefighter certification.

Step 2: Complete Master Firefighter application.

Step 3: List all supporting documents by category on page 2 (additional pages may be added as necessary).

Step 4: Compile all course completion certificates in exact order as listed on application .

Please note that unsigned certificates and attendance certificates cannot credit toward Master Firefighter certification

Step 5: Verify that no class is credited for more than 40 hours.

Step 6: Verify there is a minimum of 40 hours in 5 of the 6 categories.

Requires fire service related course completion certificates outside of NFPA 1001.

Step 7: Verify there is a minimum of 400 hours overall.

Step 8: Submit entire application to your Certification Board Zone Representative for review.

Step 9: Upon approval of Certification Zone Representative submit entire application packet including this cover page to Austin office.

This section to be completed by Certification Board Zone Representative

I, _____, have reviewed the above referenced Master Firefighter application, and give my approval for its acceptance by the full Certification Board.

I, _____, have reviewed the above referenced Master Firefighter application, and **do not** give my approval for its acceptance by the full Certification Board.

(comments section below must be completed)

Zone Representative Signature _____

Review Date: _____

Comments: _____

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

Effective July 1, 2020 all processing requirements must be completed within one year of receipt in the Austin office or application will become void.

SFFMA OFFICE USE ONLY
<input type="checkbox"/> DD <input type="checkbox"/> ID <input type="checkbox"/> WKS <input type="checkbox"/> EXP
PAYMENT
RECEIVED
CERTIFIED

Department Information
1) Fire Department:
2) Department's General E-mail:

Applicant Information **Fields 3, 5, and 6 are REQUIRED**		
3) Full Legal Name (including middle name, no initials):		
4) Name to Appear on Certificate (if different):		
5) Last 4 digits of SSN:	6) Birth Date:	7) Applicant's Direct E-mail:

MASTER FIREFIGHTER APPLICATION — \$25.00

THIS SECTION IS TO BE COMPLETED BY THE CERTIFICATION COORDINATOR
<p>Each of the following requirements have been completed in order to qualify for this certification:</p> <p>9) <input type="checkbox"/> SFFMA Firefighter II certification (or <u>Accredited</u> Advanced Firefighter issued before January 1, 2012)</p> <p>10) <input type="checkbox"/> A <u>minimum</u> of ten (10) years of fire fighting service (indicate below)</p> <p>11) <input type="checkbox"/> A <u>minimum</u> of four hundred (400) total hours of training (indicate on page 2)</p> <p>12) <input type="checkbox"/> A <u>minimum</u> of one (1) course AND forty (40) hours of training from five (5) of the six (6) categories.</p> <p style="background-color: yellow;">NOTE: ATTACH A TCFP MASTER FIREFIGHTER CERTIFICATE IN PLACE OF ITEMS 11 AND 12</p> <p>Documentation of each credited course <u>MUST</u> be attached</p>

FIRE DEPARTMENT EXPERIENCE

Department Name	Dates of Enrollment	Rank
TOTAL YEARS IN FIRE SERVICE (MINIMUM 10 YEARS REQUIRED) :		

Due to the nature of this program, it is important that the applicant and their Certification Coordinator pay close attention to the instructions on the cover page.

Submit this form and all supporting documentation **to your Zone Representative** for initial review.

FULLY COMPLETE PAGE 2 GRID OR ATTACH TCFP MASTER FIREFIGHTER CERTIFICATE

CATEGORIES/COURSES COMPLETED	HOURS
I. MEDICAL:	
MEDICAL TOTAL	

CATEGORIES/COURSES COMPLETED	HOURS
IV. FIRE PREVENTION:	
FIRE PREVENTION TOTAL	

II. MANAGEMENT/SUPERVISION:	
MGMT/SUPERVISION TOTAL	

V. EDUCATIONAL/INSTRUCTIONAL:	
ED/INSTR TOTAL	

III. RESCUE/HAZMAT:	
RESCUE/HAZMAT TOTAL	

VI. OTHERS:	
OTHERS TOTAL	

OVERALL TOTAL	
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Through the below signature, I attest:

- 1) the applicant is an active member of the department on page 1 and that the information contained in this application is true and correct to the best of my knowledge;
- 2) the applicant has achieved all training required for the certification(s) indicated above and documented by attachment;
- 3) I will allow 30-60 days from receipt of the application in the Austin Office for processing; and
- 4) all application processing requirements must be completed within 12 months of receipt in the Austin Office or the application will become void.

Fire Chief Signature

Certification Coordinator Signature

Applicant Signature

Print Name Here

Print Name Here

Print Name Here