



STATE FIREFIGHTERS' AND FIRE MARSHALS' ASSOCIATION OF TEXAS

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

CERTIFICATION ROCKER PATCHES

Please write the number you wish to order by the appropriate patch/rocker.

\$3.00 Certification Rockers (limit 5 each per order)

Documentation of certification must be included when ordering these rockers.

Re-sale of these rockers is not permitted. Please call Certification Department regarding group orders by departments.

Firefighting

____ Firefighter I ____ Firefighter II ____ Master Firefighter ____ Wildland Fire Fighting

Education

____ Instructor I ____ Instructor II ____ Instructor III
 ____ Public Fire Educator I ____ Public Fire Educator II

Officers

____ Fire Officer I ____ Fire Officer II ____ Fire Officer III ____ Fire Officer IV
 ____ Incident Safety Ofc ____ Public Information Ofc

Support

____ Driver/Operator ____ Support Personnel ____ Telecommunicator I ____ Telecommunicator II
 ____ Certification Coord

Prevention/Investigation

____ Fire Investigator ____ Fire Inspector I ____ Fire Inspector II ____ Plans Examiner
 ____ Arson Investigator

Rescue

____ Rescue Apprentice ____ Rope Level I ____ Rope Level II
 ____ Machinery Level I ____ Machinery Level II ____ Str Collapse Level I ____ Str Collapse Level II
 ____ Surface Water Level I ____ Surface Water Level II ____ Swiftwater Level I ____ Swiftwater Level II
 ____ Trench Level I ____ Trench Level II ____ Swiftwater Level I ____ Vehicle Level II
 ____ Wilderness Level I ____ Wilderness Level I ____ Vehicle Level I

Total number of certification rockers	_____	@ \$3.00 each = \$	_____
SFFMA Seal 4" patch	_____	@ \$3.00 each = \$	_____
SFFMA Window decals	_____	@ \$1.00 each = \$	_____
		Subtotal \$	_____
		Tax @ 8.25% (exemption forms must be on file to omit) = \$	_____
		TOTAL DUE = \$	_____

PAYMENT and SHIPPING	
Check	Mail completed form and payment to: SFFMA PO Box 1709 Manchaca, TX 78652-1709
Credit Card	Email completed form with payment information below to certification@sffma.org Name on Card _____ <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DISC Credit Card # _____ Billing Address _____ Exp. Date **REQUIRED** _____ / _____ City, State Zip _____ CVC **REQUIRED** _____ Phone _____ Authorized Signature _____
Shipping	Name _____ Department _____ Address _____ City, State Zip _____