



FIRE PREVENTION OFFICER LEVEL 1 PROGRAM APPLICATION

Course #: 200-006-PO1 Session: _____ Date: _____

Location: _____

Name: _____

MFA ID#: _____

Mailing Address: _____
Street (do not use fire department address) City State Zip

Email Address for Confirmation: _____

Home Phone #: _____ Cell #: _____

Work #: _____

Fire Department: _____

By checking this box I certify that I am a duly appointed member of the above fire department and that I am at least 18 years of age.

Signature: _____ Date: _____

Chief's Verification:

This is a priority selection class with preference going to members of the fire service who regularly perform fire prevention functions. Please check this box if the above member of your department is regularly engaged in fire prevention activities.

Fire Chief's Signature: _____ Date: _____

All applications must include a copy of your Fire Prevention Officer – Basic Certificate.

Please fax completed application materials to: (978) 567-3229

Registration

To register by **mail**, complete a Fire Prevention Officer-Level 1 Application and mail to: Registrar, Massachusetts Firefighting Academy, P.O. Box 1025, State Road, Stow, MA 01775. To register by **fax**, complete a Fire Prevention Officer-Level 1 Application and fax to: (978) 567-3229.