Massachusetts
Department of Fire Services

FIRE PREVENTION OFFICER

Level – I Program Application

Course #: 200-024-PO1 **Session: _____** **Date: _____**

Location: _____

Name: _____
Last First MI Rank/Title

MFA ID#: _____

Mailing Address: _____
Street (*do not use fire dept. address)* City State Zip

Email Address for Confirmation:_____

Home Phone #: _____ **Cell #: _____**

Work Phone #: _____

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

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

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