



**FIRE DEPARTMENT INCIDENT SAFETY OFFICER  
PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM**



**SECTION II**

Act 168 of 2006 amended Title 18 (Crimes and Offenses) of the Pennsylvania Consolidated Statutes, Section 2, subsection (h) (1) Arson and related offenses reads:

***“A person convicted of violating this section or any similar offense under Federal or State law shall be prohibited from serving as a firefighter in this Commonwealth and shall be prohibited from being certified as a firefighter under Section 4 of the Act of November 13, 1995 (P.L. 604, No.61), known as the State Fire Commissioner Act.”***

All individuals making application for certification testing must provide documentation of a background check. Proof of a non-conviction **MUST** consist of *either* of the following:

1. An official criminal history record check obtained pursuant to Chapter 91 (relating to criminal history record information) indicating no arson convictions.

OR

2. By dating and signing of the following statement by the person swearing to the following:

***“I have never been convicted of an offense that constitutes the crime of “arson and related offenses” under 18 Pa.C.S 3301 or any similar offense under any Federal or State law.***

***I herby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to penalties prescribed by law, including, but not limited to, a fine of at least \$1,000.00”***

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**Signature of Certification Candidate**

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**Name of Certification Candidate ( please print or type)**

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**Date**

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**SECTION III**

**Please Read and Complete all information:**

A candidate should meet the requirements of NFPA 1582, Standard on Medical Requirements for Firefighters and information for Fire Department Physicians prior to physical testing to ensure his/her ability to safely perform the required tasks.

During your participation in certification testing, in the event of injury/illness are you protected by an insurance carrier providing hospitalization and/or Workmen's Compensation in? YES\_\_\_ NO\_\_\_  
Please sign waiver below.

**Liability Waiver**

I, the undersigned, have hospitalization insurance and do hereby release the following individuals and organizations from any and all liabilities or causes of action for any injuries or illness incurred during or after my participation in the Voluntary Certification Program Test sponsored by the Office of the State Fire Commissioner/Pennsylvania State Fire Academy, Pennsylvania Emergency Management Agency and hosted by the

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**Name of Test Site (please list the name of test site you are applying to for testing)**

The release covers all the aforementioned individuals and agencies as well as their agents, employees, or volunteers participating in this event.

This release covers all injuries or illnesses occurring during or as a result of the activities engaged in by the undersigned during the Voluntary Certification examination including any injuries which might result from physical abuse from third party participants or other individuals in or around the area where the examination is being conducted.

This release is intended to release all injuries, damages, or law suits to the undersigned person and property, whether known, unknown, foreseen, unforeseen, patent or latent which the undersigned may have against the Office of the State Fire Commissioner, the Pennsylvania Emergency Management Agency, the Host Entity, or its agents as listed above. The undersigned understands and acknowledges the significance and consequence of such specific intentions to release all claims, and hereby assumes full responsibility for any injuries, damages, or losses that may occur from the above mentioned event.

**By signing and dating of this document I HEREBY acknowledge THAT I HAVE READ THE CONTENTS OF THIS waiver, and THAT I FULLY UNDERSTAND THE SAID CONTENTS OF THE RELEASE, AND THAT I HAVE SIGNED INTENDING TO BE LEGALLY BOUND.**

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Candidate Name (Please Print)

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Candidate Signature

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Date

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**SECTION IV**

It is understood that the candidate registered on this form has done so with the full knowledge, consent and approval of the named organization on page one of this application; and is protected by an insurance carrier or the organization. Furthermore, I attest that the candidate meet the requirements as noted in Section I (a) of this application. Participation approved by:

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**Signature of Chief Officer**

**Officer Title**

**Date**

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**Chief Officer Name (Print or Type)**

**Officer Title**

**SECTION V**

**For certification at Fire Department Incident Safety Officer, the candidate shall meet the following requirements:**

1. Meets the qualifications and age requirements;
2. Fire Officer I Certification as defined in NFPA 1021, Attach a copy of your Fire Officer I certificate. (Requirement 4.5.1) Fire Officer I Certificate Number: \_\_\_\_\_.
3. As a Fire Department Incident Safety Officer, candidates must be trained or certified (as a minimum requirement) at the First Responder Operations Level in accordance with NFPA 472 "Standard for Professional Competency of Responders to Hazardous Materials Incidents", Chapter 5 core competencies and Section 6.6 Mission Specific Competencies: Product Control Attach a copy of one of the following recognized certificates **dated within one year of the date of this application.** (Requirement 6.5.1):  
  
\_\_\_\_ HAZARDOUS MATERIALS OPERATIONS LEVEL (IAFF or ISFSI), OR  
\_\_\_\_ HAZARDOUS MATERIALS OPERATIONS LEVEL ANNUAL REFRESHER, OR  
\_\_\_\_ HAZARDOUS MATERIALS TECHNICIAN LEVEL
4. Successful completion of National Fire Academy, Incident Safety Officer Course (ISO) (Requirement 4.5.2)

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**Pre-Requisite Verification Form**

Candidate Name: \_\_\_\_\_

My signature below indicates that I have read and understand the requirements of this program, Fire Department Incident Safety Officer, and furthermore I meet the pre-requisites established by the Standard or the Authority Having Jurisdiction (AHJ).

- \_\_\_\_\_ I am 18 years of age or older;
- \_\_\_\_\_ I have signed the Act 168 form or have provided an official criminal history record check obtained pursuant to Chapter 91;
- \_\_\_\_\_ I have signed the application;
- \_\_\_\_\_ I have had a chief officer sign in the required items in Section II of this application;
- \_\_\_\_\_ I have attached a copy of the Fire Officer I certification;
- \_\_\_\_\_ I have attached a copy of an approved current Hazardous Materials Operations Course, Operations Refresher, or Technician Training Certificate
- \_\_\_\_\_ I have attached a copy of Incident Safety Officer Course

**Testing Assistance**

- \_\_\_\_\_ I am physically capable of completing the practical skill exercises;
- \_\_\_\_\_ I am able to read and comprehend the written test and related materials;
- \_\_\_\_\_ I will be submitting a request for accommodation for the National Certification exam. I understand that I **MUST** contact the Certification Program Manager no later than two weeks prior to the certification exam

**OR**

- \_\_\_\_\_ I will not be submitting a request for accommodation for National Certification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date