MITCHELL E. DANIELS, Jr., Governor

STATE OF INDIANA

DEPARTMENT OF HOMELAND SECURITY J. ERIC DIETZ, EXECUTIVE DIRECTOR

Indiana Department of Homeland Security
Indiana Government Center South
302 West Washington Street
Indianapolis, IN 46204
317-232-3980

APPLICATION FOR IFSAC CERTIFICATION

I hereby apply for accreditation certification through the International Fire Service Accreditation Congress (IFSAC) as a _____ according to the rules and regulations governing the training, skills and testing as stated in the Board of Firefighting Personnel Standards and Education's Accreditation Policy Manual.

Name _____ Affiliation_____

Address_____ Address_____

City_____ State____ Zip_____ City_____ State____ Zip_____

County of Residence_____ County of Affiliation_____

Home Phone #AC (____) _____-_____ Phone #AC (____) _____-_____

Date of Birth _____-_____-_____ Certification No. _____(_____-_____)__

*Last Four of Social Security Number _____ _____
Applicant's Signature

*** INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER ("SSN") UNDER IC 4-1-8**
The disclosure of your SSN is voluntary and is only for record keeping purposes. The use of your SSN is necessary because of the large number of persons who have identical names and birthdates and whose identities can be distinguished only by the SSN. You have the right to refuse to provide your SSN and you will not be penalized for refusing to provide your SSN.

Make Checks Payable to:

INDIANA DEPARTMENT OF HOMELAND SECURITY

Mail Checks to:

INDIANA DEPARTMENT OF HOMELAND SECURITY
302 W. Washington St., Room E239
Indianapolis, IN 46204

For DHS Use Only:

Cash____ Check____ Money Order _____

IFSAC # _____

Receipt # _____

(Send $20.00 with this form)