

Commonwealth of Pennsylvania  
Office of the State Fire Commissioner

PARTICIPATING



DEPARTMENT

Recognition Program

## Participating Department Recognition Program

The voluntary fire fighter certification program is a legislatively mandated system promulgated by Act 1989-112, repealed by Act 1995-61. The Voluntary Fire Fighter Certification Program allows for the certification of any Commonwealth resident, 18 years of age, regardless of religion, gender, or natural origin. Commonwealth emergency responders have an opportunity to participate in and be recognized as a certified fire professional at various levels in accordance with nationally recognized and sanctioned Professional Qualification standards.

**Note:** Various levels include all levels that the Office of the State Fire Commissioner is accredited for by the National Pro-Board and IFSAC with the exception of the Hazardous Materials Awareness Certification. Five percent (5%) of the active certified personnel certified at the Hazardous Materials Awareness level listed will be accepted toward the total percentage being applied for.

### **Purpose:**

To recognize those organizations that support, promote, and encourage their emergency response personnel to voluntarily certify within the Commonwealth's Certification Program administered by the Office of the State Fire Commissioner.

### **A. Definitions:**

#### **1. Department:**

Any public or private fire department, rescue squad, emergency management agency, or emergency services response organization that provides fire and life safety services to the citizens, residents, or employees of the private sector, political subdivisions, or entities within the Commonwealth of Pennsylvania.

#### **2. Participating Department:**

Any agency or entity that complies with the intent of the Fire Service Certification Program and that has encouraged their personnel to voluntarily certify within the professional standards programs administered by the Office of the State Fire Commissioner.

### **3. Active Member:**

A duly enrolled member of an emergency response organization that meets the following criteria;

- a) Authorized to respond to fire and emergency calls with the emergency response organization.
- b) Certified by the employer (city, borough, township, etc. at the minimum of Hazardous materials First Responder – Awareness level per the Federal EPA regulations (40 CFR 311)

### **4. Certified Personnel:**

Any individual serving as a member of an applicant fire department who is currently certified within one of the accredited levels of the Office of the State Fire Commissioner Certification Program.

## **B. Qualifications (minimum):**

To be recognized as a Participating Department in the Voluntary Fire Service Certification Program, the Fire Service Certification Advisory Committee has established the following criteria for recognition approved by the Office of the State Fire Commissioner.

1. The organization applying for the departmental recognition award must submit a properly completed application contained herein.
2. The applicant organization will submit the roster of its Active Members as defined in Section A.3.
3. The roster of Active Members must be notarized and signed by the Chief Executive Officer(s) of the employer (city, borough, township, etc.) certifying that the members are hazardous materials response certified in accordance with federal regulation 40 CFR 311.
4. The applicant organization will submit a roster of Certified Personnel within the organization who possess current certifications.
5. To receive recognition, the minimum number of Certified Personnel must be equal to or greater than ten percent (10%) of the number of members listed on the Active

Member Roster. (NOTE: If an organization has 50%, 75%, or 100% participation, a special recognition will be made respectively.)

6. The applicant organization once awarded recognition as a Participating Department will be issued documentation and signage **valid for a period of three years**; after which the applicant organization must renew their recognition in the program.

### **C. Special Recognition:**

A bronze, silver and gold border will be placed on the standard certificate and decal to respectively denote 50%, 75%, 100% participation. One decal per apparatus will be issued. You can order additional decals using the order form and sending to PSFA. **Decals shall not be defaced, cropped or cut out; the original decal must be displayed to be valid.**

### **D. Rescission / Withdrawal:**

The Office of the State Fire Commissioner, upon recommendation of the Fire Service Certification Advisory Committee, reserves the right to immediately rescind, for just cause reasons, the recognition given to a Participating Department for noncompliance with established criteria for the Participating Department Recognition Program.

### **E. Application Instructions:**

1. Complete the information requested on Page 1 of the application.
2. Have the Chief Executive Officer, Operating Officer and Secretary sign the application.
3. Complete the Active Member Roster, have it signed by the employer and have their signing notarized. **Remember** all Active Members as defined in Section A.3 are to be listed on this roster. Copy the page supplied with the application as many times as needed so that you may submit your total number of Active Members. Only the first page of the roster needs to be signed and notarized attesting to the complete roster.
4. Complete the Certified Personnel Roster. Be sure to include their social security number for verification of the certifications. This page may be copied for the listing of additional certified personnel.

5. If you are listing certifications numbers for individuals that have obtained their certification from outside the OSFC/PSFA Certification Program then you must submit a copy of the certification certificate attached to the application.
6. Assemble the application package in the following order;
  - a. Application
  - b. Active Member Roster
  - c. Certified Personnel Roster
  - d. Attachments (copies of certifications certificates if applicable as noted in Section E.5 above).
7. Submit application packet to:

**Pennsylvania State Fire Academy  
Attn: Certification Program Manager  
1150 Riverside Drive  
Lewistown, PA 17044**

Commonwealth of Pennsylvania  
**Office of the State Fire Commissioner**  
Participating Department Recognition Application

Initial Recognition       Upgrade       Renewal

ORGANIZATION NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE \_\_\_\_\_

COUNTY: \_\_\_\_\_

BUSINESS PHONE: (\_\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_\_) \_\_\_\_\_

CHIEF EXECUTIVE OFFICER: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 (i.e. PRESIDENT)

DAY TIME CONTACT NUMBER: (\_\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

CHIEF OPERATING OFFICER: \_\_\_\_\_ TITLE: \_\_\_\_\_  
 (i.e. CHIEF)

DAY TIME CONTACT NUMBER: (\_\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

ORGANIZATION IS A:  Volunteer     Career     Combination     Other

<input type="checkbox"/> PUBLIC FIRE SERVICE	<input type="checkbox"/> RESCUE SQUAD
<input type="checkbox"/> PRIVATE FIRE SERVICE	<input type="checkbox"/> PUBLIC SAFETY UNIT
<input type="checkbox"/> INDUSTRIAL FIRE BRIGADE	<input type="checkbox"/> EMS PROVIDER
<input type="checkbox"/> INSTITUTION FIRE BRIGADE	<input type="checkbox"/> OTHER: _____

**The undersigned officers of the applicant organization have been duly authorized to sign and submit this application for recognition as a Participating Department in the Commonwealth of Pennsylvania Voluntary Fire Service Certification Program. The affixing of their respective signatures attests to the validity of the rosters being submitted and that no false statements are made or contained within the application.**

\_\_\_\_\_  
 Chief Executive Officer Date

\_\_\_\_\_  
 Chief Operating Officer Date

\_\_\_\_\_  
 Secretary Date

Date Application Received _____	Date Application Approved _____
Level of Recognition _____	Number of Decals Issued _____
PSFA Staff Signature _____	
Notes/Comments:	

# Participating Department Recognition Program

## Active Member Roster

*Only those members meeting the definition (A.3.) should be placed on this list.*  
 Copies of this sheet may be made in order to report all active members.

**Organization Name:** \_\_\_\_\_

INDIVIDUAL NAME	FUNCTION (Fire Fighter/Driver, etc)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	

**We the undersigned, acting as duly authorized officials of the employer (city, borough, township, etc.), by affixing our signatures do attest that the members listed on all pages of this Active Member Roster are certified at the hazardous materials first responder - awareness level in accordance with Federal EPA regulations 40 CFR 311.**

**Employer Name:** \_\_\_\_\_

Official signature(s):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Notary Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

# Participating Department Recognition Program

## Certified Member Roster

*Only those members meeting the definition (A.4.) should be placed on this list.*

Copies of this sheet may be made in order to report all certified members.

**Organization Name:** \_\_\_\_\_

INDIVIDUAL NAME	SS NUMBER (last four digits)	CERTIFICATION LEVEL LEVEL	CERTIFICATION NUMBER
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

**Decal applying for:** 10% participation \_\_\_\_\_ 50% participation \_\_\_\_\_

75% participation \_\_\_\_\_ 100% participation \_\_\_\_\_

**Number of Decals Requested:** \_\_\_\_\_