



# CMM Supplemental Application



## Fire Suppression

### A. Fire Suppression Specialist

	Completed	Documented*	Office Use	
<b>ONE</b> { 1. <b>Company Officer Program</b> – Diploma – OFC	<input type="checkbox"/>	<input type="checkbox"/>		
2. <b>Fire Protection Technology</b> (OFC)	<input type="checkbox"/>	<input type="checkbox"/>		
3. <b>College Equivalent</b> (determined by OAFCE Evaluation Committee)	<input type="checkbox"/>	<input type="checkbox"/>		
<b>AND</b>				
<b>BOTH</b> { 4. 4 days of professionally related seminars/conferences (total of 24 hours, ie IAFC, OAFCE, NFPA . . .)	<input type="checkbox"/>	<input type="checkbox"/>		
5. <b>Employment Experience</b> 5 years (9,100 hours) full-time or 7 years volunteer <u>Suppression Officer</u>				
Title: _____ Employer: _____ Start (Month/Year): _____ to (Month/Year) _____				
Title: _____ Employer: _____ Start (Month/Year): _____ to (Month/Year) _____ **				

\* Documented: include copies of certificates/diplomas, agendas/transcripts where possible      \*\* Provide detail if additional.

### B. Fire Suppression Professional

	Completed	Documented*	Office Use	
<b>ONE</b> { 1. <b>Company Officer Certification</b> (Ontario Fire Marshal)	<input type="checkbox"/>	<input type="checkbox"/>		
2. <b>Fire Protection Technology and Advanced</b> (OFC)	<input type="checkbox"/>	<input type="checkbox"/>		
3. <b>College Equivalent</b> (determined by OAFCE Evaluation Committee)	<input type="checkbox"/>	<input type="checkbox"/>		
<b>AND</b>				
<b>ALL</b> { 4. 4 x College/University Courses (with at least one in Local Gov't, Public Admin, or Management and one job related elective)	<input type="checkbox"/>	<input type="checkbox"/>		
5. 12 days of professionally-related seminars/conferences (total of 72 hours)	<input type="checkbox"/>	<input type="checkbox"/>		
6. <b>Employment Experience</b> 7 years (12,740 hours) full time or 9 years volunteer <u>Suppression Officer</u> (Volunteer positions, eligible, based on <u>paid</u> hours.)				
Title: _____ Employer: _____ Start (Month/Year): _____ to (Month/Year) _____				
Title: _____ Employer: _____ Start (Month/Year): _____ to (Month/Year) _____ **				

New Applicants must attach their CMM Application  
Complete all sections for accurate evaluation

**C.**

1. Applicant: \_\_\_\_\_ Employer: \_\_\_\_\_

2. Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

3. **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

4. **Witness:**

a) Municipal Fire Official: \_\_\_\_\_

b) Signature: \_\_\_\_\_ Title: \_\_\_\_\_

\* Witness identity only – not verification of content

Fee: \$235 (includes CMM & Suppression Enhancement) HST Exempt.

Cheque payable to OMMI or VISA \_\_\_\_\_ Exp \_\_\_ / \_\_\_ Name on Card: \_\_\_\_\_  Corp  Personal