



CMM Supplemental Application



Fire Suppression

A. Fire Suppression Specialist

		Completed	Documented*	
ONE	1. Company Officer Program – Diploma – OFC	<input type="checkbox"/>	<input type="checkbox"/>	Office Use
	2. Fire Protection Technology (OFC)	<input type="checkbox"/>	<input type="checkbox"/>	
	3. College Equivalent (determined by OAFCE Evaluation Committee)	<input type="checkbox"/>	<input type="checkbox"/>	
AND				
BOTH	4. 4 days of professionally related seminars/conferences (total of 24 hours, ie IAFC, OAFCE, NFPA . . .)	<input type="checkbox"/>	<input type="checkbox"/>	
	5. Employment Experience 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*	
ONE	1. Company Officer Certification (Ontario Fire Marshal)	<input type="checkbox"/>	<input type="checkbox"/>	Office Use
	2. Fire Protection Technology and Advanced (OFC)	<input type="checkbox"/>	<input type="checkbox"/>	
	3. College Equivalent (determined by OAFCE Evaluation Committee)	<input type="checkbox"/>	<input type="checkbox"/>	
AND				
ALL	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. Employment Experience 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: \$245 (includes CMM & Suppression Enhancement) HST Exempt.

Cheque payable to OMMI or pay by VISA _____ Exp ___ / ___ CVV: _____ Corp Personal

Name on Card: _____