



CMM Supplemental Application



Fire Prevention

A. Fire Prevention Specialist

- ONE**
- 1. **Inspector** 6 of the following eleven courses (OFM); 101, 201, 202, 301, 302, 401, 501, 502, 503, 504, 505
 - 2. **Plans Examiner** Qualified for Bill 124 (Provincial Exam)
 - 3. **Investigator** NFPA 921 course
 - 4. **Public Educator** 3 x OFM courses (601, 602, 603) and exam

Certificate/Transcript Attached

Office Use

And

- BOTH**
- 5. 1 x Fire Prevention Officer Seminar (4 days @ OFC) or professionally related seminars/ conferences (total of 24 hours, ie **OMFPOA**, IAFC, OAFC, NFPA . . .)
 - 6. **Employment Experience** 5 years (9,100 hours) in Specialty

Title: _____ Employer: _____ (MM/YY): _____ to _____

Title: _____ Employer: _____ (MM/YY): _____ to _____ **

* Documented: include copies of certificates/diplomas, agendas/transcripts where possible with CMM Application

** Provide detail if additional positions

B. Fire Prevention Professional

- ONE**
- 1. FPO Certification (Ontario Fire Marshal)
 - 2. Fire Prevention Tech and Advanced Program (OFC)
 - 3. College Equivalent (determined by OMFPOA Evaluation Committee)

Certificate/Transcript Attached

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)
 - 5. 2 x Fire Prevention Seminars (8 days at OFC) or professionally related seminars (total 48 hours ie **OMFPOA**, NFPA, OAFC, IAFC, OFM)
 - 6. **Employment Experience** 7 years (12,740 hours) in Prevention

Title: _____ Employer: _____ (MM/YY): _____ to _____

Title: _____ Employer: _____ (MM/YY): _____ to _____ **

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** Provide detail if additional positions

➔ 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. **OMFPOA Member** Yes No ****OMFPOA Membership Required to Apply****

5. **Witness:** a) Municipal Fire Official (**OMFPOA Member**): _____

b) Signature: _____ Title: _____

*Witness identity only – not verification of content.

Fee: \$255 (includes CMM & OMFPOA Enhancement) HST Exempt

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

Name on Card: _____

Mail/Courier application to 618 Balmoral Drive, Oshawa, ON L1J 3A7