



CMM Supplemental Application



Fire Suppression

A. Fire Suppression Specialist

Completed

Documented*

Office Use

- ONE** {
1. **Company Officer Program** – Diploma – OFC
 2. **Fire Protection Technology** (OFC)
 3. **College Equivalent** (determined by OAFCE Evaluation Committee)

AND

- BOTH** {
4. 4 days of professionally related seminars/conferences (total of 24 hours, ie IAFC, OAFCE, NFPA . . .)
 5. **Employment Experience** 5 years (9,100 hours) full-time or 7 years volunteer Suppression Officer

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

- ONE** {
1. **Company Officer Certification** (Ontario Fire Marshal)
 2. **Fire Protection Technology and Advanced** (OFC)
 3. **College Equivalent** (determined by OAFCE Evaluation Committee)

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. 12 days of professionally-related seminars/conferences (total of 72 hours)
 6. **Employment Experience** 7 years (12,740 hours) full time or 9 years volunteer Suppression Officer (Volunteer positions, eligible, based on paid 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



Office Use

- 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: \$265 (includes CMM & Suppression Enhancement) HST Exempt.

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

Name on Card: _____