

Name on Card: \_

## Attachment C December 16 2022

Mail/Courier application to 6-470, Suite 267 L1J 2K9

## **CMM Supplemental Application**



## **Fire Prevention**

	<u>i ile i levelit</u>	ion Specialist	Certificate/Transcript
	1. Inspector	<ul> <li>NFPA 1031 Level I &amp; 1 of the 5 OFC courses. (Legislation (Online Self Directed), NFPA 472 or NFPA 1072 Hazardous Mate Awareness, Fire Code Div. B Part 2 &amp; 6 Fire Safety &amp; Fire Protect Equipment, Courtroom Procedures, Fire Code Div. B Part 9 Retro</li> </ul>	Attached rial ion
ONE <	2. Public Edu	cator - NFPA 1035 Level I & Public Information Officer	
	3. Plans Exa	niner - Qualified for Bill 24 (Provincial BCIN Exam)	
	4. Fire Invest	igator - NFPA 1033	
		And	
BOTH		evention/Public Education Officer Seminar (4 days) or professi ymposiums or conferences (total of 24 hours, ie OMFPOA, OAFC	
	6. Employmen	nt Experience 5 years (9,100 hours) in Fire Prevention Divis	ion
Γitle:		Employer:	(MM/YY): to
Γitle:		Employer:	(MM/YY): to**
* Documente	ed: include copies of ce	ertificates/diplomas, agendas/transcripts where possible with CMM Application	** Provide detail if additional positions
В.	Fire Prevent	ion Professional	Certificate/Transcript Attached
	1. Fire Preve	ention Officer Certification (Ontario Fire Marshal)	Attached
)	<b>2.</b> NFPA 1031	Level II	
<u>ONE</u>	3. NFPA 1035 Level II and TAPP-C		
		plomas/Certification Equivalent d by the OMFPOA Evaluation Committee)	
		<u>And</u>	
	<b>5.</b> 4 x College/University Courses (with at least <u>one</u> in Local Gov't, Public Admin, Management, <u>and</u> one job related elective)		
ALL <		vention/Public Education Officer Seminars (8 days) ally related seminars (total 48 hours ie OMFPOA, OAFC, NFPA, IAF	C)
	7. Employme	nt Experience 8 years (14,560 hours) in a Fire Prevention Div	vision Supervisory Role
Title:		Employer:	_ (MM/YY): to
Title:		Employer:	_ (MM/YY): to**
Documente	ed: include copies of ce	ertificates/diplomas, agendas/transcripts where possible with CMM Application	** Provide detail if additional positions
C.		New applicants must attach their CMM Application Complete all sections for accurate evaluation	on 🛑
	1. Applicant: _	plicant: Employer:	
	2. Phone:	E-mail:	
		3. <u>Signature</u> : Date: 4. OMFPOA Member	
	3. Signature:		
	<ul><li>3. <u>Signature</u>:</li><li>4. <u>OMFPOA</u></li></ul>		mbership Required to Apply**
	4. OMFPOA	Member ☐ Yes ☐ No **OMFPOA Men	