



IF SAC Grandfather Application



Ohio Fire Academy
8895 East Main Street
Reynoldsburg, Ohio 43068

Local: 614-752-8818
Toll Free: 888-726-7731
Fax: 614-752-7111

Website:
www.ohiofireacademy.com

Applicant Information

| | | | | | |
|---|-------------|-------|----------------|-----------------------------------|------|
| Social Security Number (<i>Last four digits required</i>) | Name: First | | | MI | Last |
| <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | | | | |
| Home Address | City | State | Zip | Date of Birth (<i>required</i>) | |
| Home # | Fax # | | Cell / Pager # | | |
| E-mail Address | | | | | |

Current Fire Department / Organization Information

| | | | | | |
|-----------------------------------|--|-----|--------|---------------|--|
| Rank/Title/Position | Current Position: <input type="checkbox"/> Career <input type="checkbox"/> Part Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (Specify) | | | | |
| Fire Department/Organization Name | Address | | | | |
| City | State | Zip | County | FDID/Agency # | |

Category and Level of Certification

Please Check the category/level of certification for which you are applying.

Grandfather Certification (\$20 total) Mark this block and all certifications below that you are applying for. Documentation must be submitted with the application (*illegible documentation will not be accepted*). **Only Certifications or Training received prior to December 31, 2002 is eligible for the Grandfather Certification.**

Firefighter I Haz Mat Awareness Haz Mat Operations

Firefighter II Instructor I Instructor II Fire Inspector I

Payment Method

Each application must be accompanied by payment of appropriate certification fees. Only approved methods of payments are accepted.

Check One:

Payment enclosed (check or money order) Payable to: Treasurer, State of Ohio

Charge: Credit Card Number Expiration Date: Type of Card: Master Card Visa

Bill my Department/organization: PO # _____ A copy of the purchase order must be attached

By my signature I am acknowledging the information provided is accurate and true.

Applicant Signature

Date

PREVIOUS EDITIONS TO THIS FORM ARE OBSOLETE

An equal opportunity employer and service provider