IFSAC 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 *(Last four digits required)* ☐☐☐☐	Name: First	MI	Last	
Home Address	City	State	Zip	Date of Birth *(required)*
Home #	Fax #	Cell / Pager #		
E-mail Address				

Current Fire Department / Organization Information

Rank/Title/Position	Current Position: ☐ Career ☐ Part Paid ☐ Volunteer ☐ 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