INDIANA FIRE & PUBLIC SAFETY ACADEMY



APPLICATION FOR IFSAC CERTIFICATION

Name:(Last Name, First Name	≘, MI)	PSID	Number: (>	«XXX-XXXX)
	-,··-,			
City:		State:	Zip Code:	
Phone Number:	E-mail Address:			
Please (check all boxes for which yo	u are requesting IF	SAC Certification	
	ve Military \$20.00 per IFSA0 tive-Duty Military \$50.00 per I	•		
Firefighter I	Firefighte	r II	Instructor I	
HazMat 1 st Responder	Awareness	HazMat 1 ^s	t Responder Operations	
Fire Officer I	Fire Officer II		Fire Officer III	
If by check, make check IDHS Fire Certifica 302 W Washingtor Indianapolis IN 46 Credit Card Payment	n St Rm. E239	domeland Security (I a, Master Card, Am	DHS) and mail to: nerican Express, and Discov	ver
When form completed, if	paying by card, please email th	is form to <u>firecertific</u>	ations@dhs.in.gov.	
Full Name on Credit Card:				
Billing Address:	City:	State	Zip Code	
Phone Number:	E-Mail Address:			
Credit Card # (16 Digit):	E	xpiration Date:		
CVV2: (3-digit	number on back of card)			
10/12/2021			ATTRE MARO	**

INDIANA DEPARTMENT OF HOMELAND SECURITY



