

IFSAC CERTIFICATION APPLICATION

Name (Last, First, MI)		PSID Number (xxxx-xxxx)		
Address				
City	ate	ZIP Code		
Phone Number En	mail Address			
Please check all the boxes for which you are requesting IFSAC certifications.				
Firefighter I	Instructor I Instruct	tor II	Instructor III	
Hazmat First Responder Awareness	Hazmat First Responder Operations Fire Officer I			
Hazmat First Responder Technician F	ire Officer II Fire Offic	er III 🔲 💮 F	re Officer IV	
PAYMENT				
 Indiana resident or active military: \$20 per IFSAC certification requested Non-resident or non-active-duty military: \$50 per IFSAC certification requested 				
You may pay by credit card (please put credit card information below) or by personal check. If paying by check, make the check out to "Indiana Department of Homeland Security (IDHS)" and mail it to:				
Indiana Fire and Public Safety Academy, 302 W. Washington St., Room E208, Indianapolis, IN 46204				
Credit Card Payment Information				
Accepted cards: Visa, MasterCard, American Express, Discover. Processing fee (2.25%) will be added.				
Name on Card				
Billing Address	City	State	ZIP Code	
Phone Number	Email Address	Email Address		
Credit Card Number	CVV (3 digits on back of	card) Expirat	ion Date	

Submit completed application by email to firecertifications@dhs.in.gov.