



**FDSOA Certification Office**  
**5967 Bedford Pl., Ann Arbor, MI 48105**  
**Voice: 248-880-1864**  
**Email: programs@fdsoa.org**

**Traffic Incident Management Technical Specialist Certification Application**

Applicant shall meet the requirements of NFPA 1091-2024.

**Please Type or Print All Information**

Name \_\_\_\_\_ SS# Last 4 digits \_\_\_\_\_

Agency \_\_\_\_\_ Rank \_\_\_\_\_

Department Type:  Career  Combination  Volunteer  Other

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Do you have a physical or learning disability? \_\_\_\_\_

**Professional Experience (Required)**

Agency	Dates	Position

**APPLICANT'S SIGNATURE** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*EMPLOYER\*\* (\*\*Required\*\*)**

Please verify the above information by signing below:

Print Name \_\_\_\_\_

**Required: Chief or Chief Officer**

Signature \_\_\_\_\_

**Required**