



Fire Department Safety Officers Association

2875 W. Ray Rd., 6-315 • Chandler, AZ 85224
248-880-1864 • membership@fdsoa.org

Health & Safety Officer Skills Validation Affidavit

Name: _____ Last 4 SS#: _____

Agency: _____ Rank: _____

Address: _____ Address 2: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of class attendance, if applicable: _____

Required Skill Sheets

Below are your six randomly selected required skill sheet numbers.
Skill sheets can be found at <https://fdsoa.wildapricot.org/HSO-sheets/>.

16 • 3 • 12 • 6 • 14 • 13

Applicant's Validation Statement (Required)

I verify that I have completed the requisite skill sheets provided by the FDSOA for HSO certification. I am only required to return this affidavit but I understand that the FDSOA may conduct random audits and request completed skill sheets.

Candidate's Signature: _____ Date: _____

Employer Skills Validation Statement (Required)

I verify that I am a Chief Officer for the above applicant's agency and the said applicant has completed requisite skills sheets developed by the FDSOA as written in NFPA1521, Standard for Fire Department Safety Officer Professional Qualifications (2020):

Print Name: _____ Title: _____

Signature: _____ Date: _____

Certificates will not be issued until receipt of the signed affidavit within one year of the exam date