

**LORAIN COUNTY ASSOCIATION
OF FIRE INVESTIGATORS**

APPLICATION FOR MEMBERSHIP

Please type or print legibly.

NAME: LAST	FIRST	MI	DATE OF BIRTH	
HOME ADDRESS:			STATE	ZIP CODE
SOCIAL SECURITY NUMBER ¹			HOME TELEPHONE NUMBER	
EMAIL			CELL PHONE	
SPONSORING DEPARTMENT (if employed)			DATE EMPLOYED	
EMERGENCY CONTACT			CONTACT PHONE NUMBER	

LEVEL OF MEMBERSHIP REQUESTED: ACTIVE APPRENTICE ASSOCIATE

ANSWER THE FOLLOWING QUALIFICATION QUESTIONS:

YES

NO

- | | | |
|---|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| G | G | Are you a certified Firefighter or Law Enforcement Officer in the State of Ohio? (Attach copy) |
| G | G | Have you been employed by a fire or law enforcement department for at least three (3) years? |
| G | G | Have you completed an OFA Fire Investigation 1 course (or approved equal)? (Attach copy) |
| G | G | Are you responsible for fire origin/cause investigation in your sponsoring department? |
| G | G | As an adult, have you plead guilty to or been convicted of a felony (or the equivalent thereof) or have you plead guilty to or convicted of misdemeanor offences (or the equivalent thereof) involving violence (including arson), drugs, dishonesty (including thefts and frauds), moral turpitude, or false statements? (Attach BCII background check dated within last 6 months.) |

I attest that the above information is true and correct to the best of my knowledge. I acknowledge that I have read, understand and accept the terms of membership and hereby give permission to the Association to verify any of the above information.

SIGNATURE OF APPLICANT

DATE

STATEMENT OF QUALIFICATION: As the employer, this applicant is responsible for fire origin and cause in my department and I recommend that this person be considered for membership.

Signature of Chief or Division Director

Date

SUBMIT THIS APPLICATION, ALONG WITH THE REQUIRED DOCUMENTATION AND PROCESSING FEE, TO:
Lorain County Assn of Fire Investigator, c/o 11950 Lagrange ROAD, Lagrange OH 44050

Statement of Qualifications

I hereby certify that _____
(print or type applicants full name)

1. Is employed by one of the following (check the option that applies and fill in each blank provided):

- _____ The Office of the State Fire Marshal
- _____ A firefighting agency (career, part time, or volunteer/government entity) as defined in; Division (A)(1) of section 9.60 of the Ohio Revised Code. (Attach Ohio Firefighter Certificate.)
- _____ A private firefighting agency as defined in Division (A)(2) of section 9.60 of the Ohio Revised Code that is providing fire protection in accordance with Division (B), (C), or (D) of section 9.60 of the Ohio revised Code. (Attach Ohio Firefighter Certificate.)
- _____ A law enforcement officer as defined in R.C. 109.71 (Attach OPOTA Certificate)

(Print or type name of firefighting or law enforcement agency)

2. Is or will be responsible for determining the origin and cause of fires in our department or agency.

3. As an adult, applicant had not plead guilty to or convicted of a felony (or the equivalent thereof) or As an adult, applicant has not plead guilty to or convicted of misdemeanor offences (or the equivalent thereof) involving violence (including arson), drugs, dishonesty (including thefts and frauds), moral turpitude, or false statements. (Please attach BCII background check dated within six (6) months of the class start date.)

4. Has successfully completed training courses in NIMS IS-700, ICS-100, ICS-200 and IS-800

NOTE: An applicant must have a minimum of five (5) years experience in fire service and or law enforcement functions to qualify as an Active member or three (3) years experience to qualify as an Apprentice member.

As the employer, I recommend that this person for membership in the Lorain County Association of Fire Investigators.

Applicant Signature

Date

Signature of Authority Having Jurisdiction

Title of Chief Officer

Date of appointment to Fire or Law Enforcement Agency