



STATE FIREFIGHTERS' AND FIRE MARSHALS' ASSOCIATION OF TEXAS

Promote, Unify, Represent, and Educate The Fire Service of Texas

CERTIFICATION ROCKER PATCHES

Please write the number you wish to order by the appropriate patch/rocker.

\$3.00 Certification Rockers (limit 5 each per order)

Documentation of certification must be included when ordering these rockers.

Re-sale of these rockers is not permitted. Please call Certification Department regarding group orders by departments.

Firefighting

_____ Firefighter I _____ Firefighter II _____ Master Firefighter _____ Wildland Fire Fighting

Education

_____ Instructor I _____ Instructor II _____ Instructor III
 _____ Public Fire Educator I _____ Public Fire Educator II

Officers

_____ Fire Officer I _____ Fire Officer II _____ Fire Officer III _____ Fire Officer IV
 _____ Incident Safety Ofc _____ Public Information Ofc

Support

_____ Driver/Operator _____ Support Personnel _____ Telecommunicator I _____ Telecommunicator II
 _____ Certification Coord

Prevention/Investigation

_____ Fire Inspector _____ Fire Investigator _____ Arson Investigator

Rescue

_____ Rescue Apprentice _____ Rope Level I _____ Rope Level II
 _____ Machinery Level I _____ Machinery Level II _____ Str Collapse Level I _____ Str Collapse Level II
 _____ Surface Water Level I _____ Surface Water Level II _____ Swiftwater Level I _____ Swiftwater Level II
 _____ Trench Level I _____ Trench Level II _____ Vehicle Level I _____ Vehicle Level II
 _____ Wilderness Level I _____ Wilderness Level I

Total number of certification rockers	_____	@ \$3.00 each = \$	_____
SFFMA Seal 4" patch	_____	@ \$3.00 each = \$	_____
SFFMA Window decals	_____	@ \$1.00 each = \$	_____
		Subtotal \$	_____
		Tax @ 8.25% (exemption forms must be on file to omit) = \$	_____
		TOTAL DUE = \$	_____

PAYMENT and SHIPPING	
Check	Mail completed form and payment to: SFFMA PO Box 1709 Manchaca, TX 78652-1709
Credit Card	Email completed form with payment information below to certification@sffma.org Name on Card _____ <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DISC Credit Card # _____ Billing Address _____ Exp. Date **REQUIRED** _____ / _____ City, State Zip _____ CVC **REQUIRED** _____ Phone _____ Authorized Signature _____
Shipping	Name _____ Department _____ Address _____ City, State Zip _____