A Certified Fire Marshal has the authority granted to the State Fire Marshal in South Carolina <u>Code of Law 23-9</u> when they are acting in their official capacity within their jurisdiction. In order to apply for state certification, Certified Fire Marshals are required to:

- 1. Obtain an ICC or NFPA Fire Inspector I or higher certification
- 2. Attend the SC Fire Marshal's Rules and Regulations Course (SCFA Course 8610).

The S.C. Fire Academy offers a Fire Code Test Preparation Class (<u>SCFA Course 8612</u>) to help students prepare for ICC exams.

If you have questions about SC Fire Marshal Certification requirements or training, please email <u>FMCertificaiton@llr.sc.gov</u>.

Application for Certified Fire Marshal is made in the SC Office of State Fire Marshal <u>Information</u> <u>Management System</u> (IMS).

Step 1: Create a personal account in the IMS by clicking "First Time User's Click Here".



For Board, select "none".

	User Registration	
Do you hold a license in any of the following? Select 'None' if	f you do not hold a License. Select any one License type if you hold multiple of these Licenses.	
Select Board:		
~		
Architect	Clear Cancel Registration	
Building Codes Council		
Burglar Alarm, Fire Alarm & Fire Sprinklers		
Contractors – Commercial		
Engineer/Land Surveyor		
Fire Marshal Blasters		
Fire Marshal Fire Equipment		
LP Gas		
Certified Fire Marshal		
Wholesale Supplier		

Create your own unique Login ID.

Complete all required personal information.

Enter Security Questions and Answers. These will be used to reset your password if you should forget it.

Click "Register".

Males Varia Ories					
Firm North					
FIFM Name (OPTIONAL	1				
Last Name	First Name		Middle Name (OPTIONAL)	Suffix (OPTIONAL)	
Person	New		Test	~	
Phone	Alternate Phone	(OPTIONAL)	Work Phone (OPTIONAL)		
(123) 456-7890	(_)		()		
Email					
			Verify Email		
osfmtestperson@gr Physical Address: Enter the Street Addr	nail.com ess and then ZIP Code to look up City and State:		verty Email osfmtestperson@gmail.com		
osfmtestperson@gr Physical Address: Enter the Street Addr Street Address	nail.com ess and then ZIP Code to look up City and State:		verty Email osfmtestperson@gmail.com		
osfmtestperson@gr Physical Address: Enter the Street Address 123 Test St ZIP Code	nail.com ess and then ZIP Code to look up City and State:	City	Verty Email osfmtestperson@gmail.com		
osfmtestperson@gr Physical Address: Enter the Street Address 123 Test St ZIP Code 29341	nail.com ess and then ZIP Code to look up City and State: County CHEROKEE	City GAFFNEY	vertytmail osfmtestperson@gmail.com State SC ✓		
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osfintestperson@gr Physical Address: Enter the Street Address Street Address 123 Test St 212 Test St 212 Test St 219 Code 29341 Security Questions 1. What is the nam 2. What is your M.	nail.com ess and then ZIP Code to look up City and State: County CHEROKEE ne of the first school you attended?	City GAFFNEY	Verty Email osfmtestperson@gmail.com State SC xxxxxxxxxx xxxxxxxxx		

Check your email for a temporary password. Use the Login ID that you created and temporary password to log into the IMS.

Terms of Use Policy	Login
Click here to read the Terms & Conditions.	Login ID MakeYourOwn
This System is the property of South Carolina State Government, and may be accessed only by authorized Users and as described by the Acceptable Use Acknowledgement, Privacy Statement, and other documents included by reference in the Terms and Conditions link. Use of this System is subject to non-disclosure, security and confidentiality requirements, not limited to those included by reference in the Terms and Conditions link. Use of this System is strictly prohibited and may be subject to criminal prosecution. All activity and communication on this System may be monitored, recorded, and subject to audit. Access or use of this System by any person, whether authorized or unauthorized, constitutes consent to these terms.	Password:
I ACCEPT the above statement	First Time Users Register Here

Enter your temporary password and a new password twice. Click "Save Password".

		Account Details
Check here to change passv	word.	
Enter Previous or Temporary Password*:		Password Requirements: • Must be at least between 8 to 15 characters
Enter New Password:		 Must contain at least one one lower case letter, one upper case letter, one digit and one special character Spaces are not allowed
Verify New Password:	Show Passwords	Valid special characters are @#\$%!+=;,
*Note that temporary passwords ca	n be found in your recent email notification.	Save Passworg
Check here to change/selec	t security questions.	

Click "Home". You will return to your IMS Dashboard.

	FIRE		
			Home
	Ac	count Details	
Check here to change pass	word.		
Check here to change/sele	ct security questions.		
Check here to change/sele Firm Name (OPTIONAL)	ct security questions.		
Check here to change/sele Firm Name (OPTIONAL) Last Name Corporation	ct security questions. First Name	Middle Name (OPTIONAL)	Suffix (optional)
Check here to change/sele Firm Name (OPTIONAL) Last Name PERSON Bhono	First Name	Middle Name (OPTIONAL) TEST	Suffix (OPTIONAL)
Check here to change/sele Firm Name (OPTIONAL) Last Name PERSON Phone (123.456.7800	First Name NEW Alternate Phone (OPTIONAL)	Middle Name (OPTIONAL) TEST Work Phone (OPTIONAL)	Suffix (DPTOMAL)
Check here to change/sele Firm Name (OPTIONAL) Last Name PERSON Phone (122) 456-7890 Email	First Name NEW Alternate Phone (OPTIONAL)	Middle Name (OPDIONAL) TEST Work Phone (OPDIONAL)	Suffix (OPTIONAL)

Step 2: From your dashboard, click "New Application" on the line for Licensing.

		NEW T	PERSON		
This screen is displaying re be able to share or manag Organization.	ecords for the Entity shown above. 1 te Applications with other Users from	You can submit Applications o m your Organization. If your o	as an Individual or as part of Organization has already bee	an Organization. If you are as n created by another User, ple	sociated with an Organization, you w ase contact that User to add you to th
Click on the respective status li System.	nks under the individual Sections to	view the Applications in that	status. You can also click on t	he Section name for a generic s	earch of your Applications in the
<i>i</i> Permits	Create New Record				
i Plan Review	Create New Record				
		New Application	Incomplete: 1		
<i>i</i> Licensing	Claim a License				
 <i>i</i> Licensing <i>i</i> Create New Org. 	Claim a License				

If this is your first certification or license, click "No" to the question that asks if you want to copy the data from an existing license. Click "Next".

		8	?	X
ALCONT OF			Welco	me, NEW
	New Recor ^M			
	Do you want to copy the data for this application from an existing license? O Yes No 			
	Clear Next >> Cancel			

Click "Certified Fire Marshal" and click, "Next".

Record Number: 005842			Save Save & Exit	Abandon
Name:	License Type:		Action: Initial	
	Select I	License Type		Next >>
Select License Type Click the 🧯 icon next to the item for n	nore information about that option	1/12		
i O Explosives Dealer - Class 1	i 🔿 Explosives Dealar - Class 2			
i 🔿 Blaster	i O Fire Stards Compliant Cigarette C	Certification		
i O Pyrotechnic Operator	i Certified Fire Marshal			
i O Fire Equipment Dealer	Fire Equipment Employee			

Complete the Employee Information page. You can copy most of the data from your account. You will have to enter the last 5 of your Social Security Number, your date of birth, driver's license number, and other demographics. Click "Next".

) TSTATE I	FIRE			
Record Number: 005841		View Data Share Access	Save Save & Exit	Abandon
Name:	License Type: CERTIFIED	FIRE MARSHAL	Action: Initial	
	Employee	Information		Next >>
Copy from my account	Varify Social Socurity Number	Date of Pirth		
XXX-X -	XXX-X -			
Last Name	First Name	Middle Name	Suffix	
PERSON	NEW	TEST	~	
Phone Number	Alternate Phone	Email Address		
(123)456-7890	()	OSFMTESTPERSON@GMAIL.COM		
Driver's License	Driver's License State	Gender	Race	

Enter your Fire Department ID. You may search by number or Fire Department name. If you Department name is not found, please email Nathan Ellis for assistance (<u>nathan.ellis@llr.sc.gov</u>).

Enter your Title. Click "yes" on at least one Certification and on the SC Fire Marshal Rules and Regulations Course. Enter your certification numbers or course numbers.

Upload supporting documentation for each certification.

Click "Next".

Click "Next".

* STATE FIRE			View Data Chars A	
Record Number: 005841 Name: NEW PERSON	1	License Type: CER	TIFIED FIRE MARSHAL	Action: Initial
<< Prev		En	ployer Information	Next >>
FDID/Fire Departme	Your title v	vith this Organizati	n	
11208 - GRASSY POND VOLUN	Fire Marsh	al		
Certifications:				
Certifications Held:	•		Certification (Sourse #:	oad Proof of Certification/ attendance
ICC FIRE INSPECTOR I	⊖ Yes	⊖ No		0
ICC FIRE INSPECTOR II	() Yes	⊖ No		0
ICC FIRE PLANS EXAMINER	⊖ Yes	⊖ No		0
ICC CERTIFIED FIRE MARSHAL	() Yes	⊖ No		Q
NFPA FIRE INSPECTOR I	⊖ Yes	⊖ No		Û
NFPA FIRE INSPECTOR II	⊖ Yes	O No		0

Upload a passport style photo. This will be used if/when we print certification cards in the future. The picture should be a headshot similar to a drivers license photo or passport photo.

Record Number: 005841		View Data Share Access Exit	Abandon
Name: NEW PERSON	License Type: CERTIFIED FIRE MARSHAL	Action: Initial	
<< Prev	Attachments		Next >>
Document Type			
Passport Style Photo 🗸			

Step 3: Share access with your Fire Department. This associates your certification with your fire department or organization. From the menu on the left, choose "Share Access."

Choose "Share Access with an Organization"

Type your Fire Department name. As you type, your department should appear from a pre-populated list of organizations in the IMS. If your department is not found, reach out to Nathan Ellis for assistance (<u>nathan.ellis@llr.sc.gov</u>).

Click "Share Access".

Reference #: 005841 Licens • Type: CERTIFIED FIRE MARSHAL	Name: NEW PERSON Status: PENDING REVIEW Validity Period:			
Application Info				
Approxime	Share Access			
Comments O Share Access with an I	Share Access with an Individual Share Access with an Organization Enter the name of the Organization you wish to share the Project with-			
Share Access				
GRASSY POND FIRE DEPA	RTMENT			
Sharing Access will give all Ec	it/View rights including any uploaded documents to the application Share Access Clear			

Step 4: Submit Application.

From the list on the left, click "Application Information"

Review your application information for accuracy. Click "Submit to OSFM" and click "Proceed".

)°*si	ATE FIRE	A ?		
Reference #: 0058 License Type: CER	41 Iffed Fire Marshal	Name: NEW PERSON Validity Period:	<< Back to Search 🖏 丸 Status: INCOMPLETE	
Application Info	Please select an option to proceed	1		
Comments	Click the <i>i</i> icon next to the item for more information about that option.			
Attachments	i \bigcirc Edit Application i \bigcirc Save without Submitting i \circledast Submit to OSFM i \bigcirc Abandon Application			
Share Access	Please review the Application for data accuracy. No further edits can be made once the record is submitted. Click 'Proceed' to Submit this Application.			
Notifications		Proceed		

OSFM staff will review your application and attachments and you will receive an email when it is approved. You may log into the IMS and print a certificate if you chose to.

For any questions or issues with the IMS, please reach out to Nathan Ellis or other staff by emailing <u>FMCertification@llr.sc.gov</u>.