



## Verification of Successful Completion of Training Requirements

To be filled out by candidate:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

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

Department/Agency: \_\_\_\_\_

Fire Fighter Course Location: \_\_\_\_\_

Fire Fighter Course Dates: \_\_\_\_\_

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To be completed by lead instructor:

As Lead Instructor for this course, I verify that the above candidate has successfully completed all of the practical skills required for the level of:

ELFF  Fire Fighter I  Fire Fighter II  Fire Fighter I & II

As Lead Instructor for this course, I verify that the above candidate has successfully completed the following requirements for the above course. Check the correct boxes.

Basic first aid and CPR  Basic Wildland Course  
 Physical Requirements  Educational requirements  
 NFPA 1582 Medical Examination

Hazardous Materials Requirements to meet NFPA 472 and WMD / Terrorism Awareness

Awareness  Operations

*Lead Instructor Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

As fire Chief for the \_\_\_\_\_ Fire Department, I certify that the above named individual is at least 18 years of age and a current member of our department in good standing.

Fire Chief Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Return Form to:

Training & Certification Bureau  
107 Jacobsen Way  
Carson City, NV 89701

Fax Number 775-684-7507