Nevada Department of Public Safety
STATE FIRE MARSHAL DIVISION

Training & Certification Bureau
Verification of Successful Completion of Training Requirements

To be filled out by candidate:

Name: _____

Date of Birth: _____ FEMA SID or SSN: _____

Address: _____

City: _____ State: _____Zip: _____

Department/Agency: _____

Fire Fighter Course Location: _____

Fire Fighter Course Dates: _____

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:

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

☐ 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
or
E-Mail: sfm@dps.state.nv.us
Fax to: (775) 684-7507