



**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: \_\_\_\_\_

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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:

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](mailto:sfm@dps.state.nv.us)  
Fax to: (775) 684-7507**