



Training & Certification Bureau
Verification of Successful Completion of Phase I – FFII Practical Skills Testing

To be completed by an Evaluator present for the Phase II, Practical Skills Testing:

Candidate: _____ Date: _____

Location(s): _____

- NFPA 1001-2013, 6.4: Rescue-vehicle extrication
NSFM Skill Sheets #7A-7D
- NFPA 1001-2013, 6.3.1: Fire Control-exterior ignitable liquid fire
NSFM Skill Sheet #3
- NFPA 1001-2013, 6.3.2: Fire Control-coordinated interior attack team
NSFM Skill Sheets #4
- NFPA 1001-2013, 6.3.3: Fire Control-flammable gas cylinder fire
NSFM Skill Sheets #5A-5B

I verify that I was present and personally evaluated this candidate in the following practical skills:

Evaluator: _____

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