



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: _____

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
 Technical Rescue Awareness Physical Requirements
 NFPA 1582 Medical Examination Educational requirements

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

revised 7-2010