Oklahoma State University Fire Service Training Certification System *Training Verification Form*



To: Registration Clerk	Date:
Name of Candidate:	Organization:
Date of Birth:	Organization Phone #:
Test You Are Challenging:	Organization Address:
Date of Test:	Location of Test:
Candidate Telephone #:	Candidate E-Mail:
appropriate objectives/JPRs found in apply to level Further, I h indicating the dates and times of trair candidate is proficient in objectives/J certification process. Further, I verify meets the requirements of NFPA 158 for Fire Fighters, and I attest that the	ning and verified the above stated PRs and is prepared for the that the above stated candidate(s) S2, Standard on Medical Requirements above stated candidate(s) is a selow and as a result of membership is
Signature of Fire Chief, or Organization Designee	Date
Title	Organization

The following information is designed to assist you in completing this *Training Verification Form*. Choose the level that applies. An example of how the information should be listed in the form is shown below.

"I verify that <u>John Smith</u>, has completed training to satisfy the appropriate objectives/JPRs found in NFPA <u>1001</u>, <u>2019</u> edition which apply to level 1."

NFPA 1001, 2019	Fire Fighter I
NFPA 1001, 2019	Fire Fighter II
NFPA 1002, 2017	DO Pumper
NFPA 1002, 2017	DO Aerial
NFPA 1021, 2020	Fire Officer I
NFPA 1021, 2020	Fire Officer II
NFPA 1031, 2014	Fire Inspector I
NFPA 1031, 2014	Fire Inspector II
NFPA 1041, 2019	Fire Instructor I
NFPA 1041, 2019	Fire Instructor II
NFPA 472, 2018 1072,2017	Hazardous Materials Awareness
NFPA 472, 2018 1072,2017	Hazardous Materials Operations
NFPA 472, 2018 1072,2017	Hazardous Materials Technician