

OUT OF AREA AND AGENCY ANNUAL TRAINING FORM

This form is for out-of-area state employees, and persons from cooperating agencies. It is To be filled out by the student and instructor, and taken back to the student's home unit in lieu of a certificate for RT-130 and/or WCT. It is the student's responsibility to ensure this form is completed and turned in to their training officer.

Name: _____

Address: _____

Phone: _____

Email: _____

Home Unit: _____ Agency: _____

Supervisor email: _____

Instructor Certification

I certify that the above employee has completed:

Fireline Safety Refresher (4 hrs) DATE _____ LOCATION _____

Fire Shelter Deployment DATE _____ LOCATION _____

Work Capacity Test Arduous Moderate Light

DATE _____ LOCATION _____

Certifier: Printed _____ Signature _____