

## Fire Fighter I Compliance Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Department: \_\_\_\_\_

Department Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

The above named student planning to attend live fire or technical rescue training programs is Fire Fighter I certified, Fire Fighter I trained or has received training to meet the performance objective for Fire Fighter I of the following Sections of NFPA 1001:

- 3-3 Safety
- 3-5 Fire Behavior
- 3-6 Portable Extinguishers
- 3-7 Personal Protective Equipment
- 3-11 Ladders
- 3-12 Fire Hose, Appliance & Streams
- 3-16 Overhaul
- 3-19 Water Supply
- 3-7 SCBA

Chief 's Signature \_\_\_\_\_ Date \_\_\_\_\_

(If required please print and submit to academy.)

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