

Individual Employee Training Verification Form

Interagency Water Handling or Crew Agreement (Engine & Crew personnel require annual verification by MOU holder, support water tender & heavy equipment operators are optional.)

Employee Name: Government Issued Photo Identification Verified (e.g. Driver's License, Passport, etc.) _____ If CDL with Tank Endorsement Required verify; Y ____ N ____ Medical Certification if required, verify; Y ____ N ____ PACK TEST *Arduous or Light (circle as appropriate) Time _____ Date _____	Qualified ICS Position:
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Contractor/Company: 	Hiring Date:
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WILDLAND FIRE COURSES & POSITION TASK BOOKS COMPLETED
 (Certification of Training Must Be in Employee's Training File)

ICS Position	Required Course/PTB	Month & Year of Training or PTB	Instructor, Institution or PTB Certifier	Location & or Phone # of Instructor, Institution or Certifier
Firefighter II	S-130			
	S-190			
	S-100			
	L-180 (1/06+)			
Firefighter I	S-131			
	S-133 (1/06+)			
	PTB			
ENGB/CRWB	S-230			
	S-290			
	PTB			
Positions (FFT2, FFT1, CRWB & ENGB)	IS-700a			
All Positions (Support Water Tender, FFT2, FFT1, CRWB, EQOP & ENGB)	RT-130 Annual Fireline Safety Refresher			

Signature of Contractor (or Representative) Contractor/ Representative (Print Name) Date of Submission

Signature of Employee Employee (Print Name) Date of Submission

Signature of Verifier Verifier (Print Name) Date of Submission

By Signing, I agree the information provided is true & accurate to the best of my knowledge.

WILDLAND FIRE EXPERIENCE

(List the Previous 5 years Wildland Fire Experience to show Currency & Qualification)

Year	Position	Incident Name	Location (City & Agency)	Fire Size (Acres)	# of Days Worked

*Arduous Pack Test: ENGB, CRWB, FFT1, FFT2
Walk Test: EQOP & Sup. WTOP