INDIVIDUAL EMPLOYEE TRAINING VERIFICATION FORM

Employee Name: Government Issued Photo Identification Verified (e.g. Drivers License, Passport, etc.) _____ If CDL with Tank Endorsement Required verify; Y____N_____ Medical Certifcate if Required, verify; Y_____N_____ **PACK TEST Arduous or Light (circle as appropriate) Time_____Date_____**	**Qualified ICS Position:**

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 Completed	Instructor, Institution or PTB Certifier	Location &/or Phone # of Instructor, Institution or Certifier
Firefighter II	S-130			
	S-190			
	I-100			
	L-180 (1/06+)			
Firefighter I	S-131			
	S-133 (1/06+)			
	PTB			
ENGB	S-230			
	S-290			
	I-200			
	PTB			
All Positions (Tactical Water Tender, FFT2, FFT1 & ENGB)	IS-700a			
All Positions (Support Water Tender, FFT2, FFT1 & ENGB) *Required Annually	RT-130 Annual Fireline Safety Refresher			

Wildland Fire Experience

(List the Previous 5 Years Wildland Fire Experience)

YEAR	POSITION	INCIDENT NAME	LOCATION (City & Agency)	Fire Size (Acres)	Number of Days Worked