

Sequoia National Forest Fire Training

1839 S. Newcomb
Porterville, CA 93257
(559) 784-1500 • FAX (559) 781-2504

COURSE TITLE: _____ COURSE LOCATION: _____
 COURSE DATES: _____ COURSE HOURS: _____
 INSTRUCTORS (include _____
 IQCS numbers): _____
 COURSE COORDINATOR: _____

STUDENT NAME (Type or Print)	AGENCY	IQCS #	COLLEGE ID #	REFRESHER LEVEL	FINAL SCORE
1.					
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20.					

I, _____, as the lead instructor, have applied the most recent
 (Print Name Here)
 NWCG, national, and/or regional standards in putting on this course. All required subject matter has been covered in full by the various instructors.

Lead Instructor Signature

Entered into IQCS: Session # _____
 Certificates sent to lead instructor for signature:
 CRN # _____

Training Representative Signature

Entered by _____
 Date: _____

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COURSE DATES: _____ IQCS #: _____

STUDENT NAME (Type or Print)	AGENCY	IQCS #	COLLEGE ID #	REFRESHER LEVEL	FINAL SCORE
21.					
22.					
23.					
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