

Fire Position Qualification Recommendation

FIRE POSITION: _____

Employee Name		Unit	
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	Date Completed
Prerequisites (list):	
Requirements (list):	
Physical Fitness (Circle: none, light, moderate, arduous)	

Initiation:	Employee Signature	Date
Concurrence:	Supervisor or District FMO	Date
Evaluation:	Evaluator's Signature	Date
Certification:	Certifying Official Signature	Date

_____ Trainee

_____ Qualified