



To: Live Fire Instructor

From: _____

Date of Class: _____

Subject: Prerequisite training verification for participation in Live Fire Training

I verify that _____, has the NFPA 1403, *Standard on Live Fire Training Evolutions* prerequisite training requirements to participate in live fire training:

6.1 Student Prerequisites

6.1.1* Prior to being permitted to participate in live fire training evolutions, the student shall have received training to meet the job performance requirements for **Fire Fighter I in NFPA 1001, Standard for Fire Fighter Professional Qualifications**, related to the following subjects:

- (1) Safety
- (2) Fire Behavior
- (3) Portable Extinguishers
- (4) Personal Protective Equipment
- (5) Ladders
- (6) Fire hose, appliances, and streams
- (7) Overhaul
- (8) Water Supply
- (9) Ventilation
- (10) Forcible Entry

I attest that the above stated candidate is proficient in these areas/skills and is prepared to participate in LIVE FIRE TRAINING.

Further, I verify that the above stated candidate meets the requirements of NFPA 1582, *Standard on Medical Requirements for Fire Fighters*, and I attest that the above stated candidate is a member of the organization stated below and as a result of membership is covered by this organizations' workmen's compensation provider (health insurance for academic institutions.)

Signature (Fire Chief or Administrator) Date

Title Organization

Telephone Number

Organization Address City State Zip