

INDIVIDUAL EMPLOYEE TRAINING VERIFICATION FORM
Interagency Water Handling Agreement

Employee Name: _____ Government Issued Photo Identification Verified (e.g. Drivers License, Passport, etc.) _____ If CDL with Tank Endorsement Required verify; Y____ N_____ Medical Certificate if Required, verify; (e.g. drivers over 10,000 # vehicle) Y____ N_____ Proof of Workers Compensation Insurance; Y____ N_____ Work Capacity Fitness Test, Arduous or Light (circle as appropriate) Time _____ Date _____	Qualified ICS Position: _____ Hiring Date: _____
Contractor/Company: _____	Hiring Date: _____

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
Annual Fireline Refresher				
	RT-130			
Firefighter II				
	S-130			
	S-190			
	I-100			
	L-180 (1/06+)			
Firefighter I and/or WTOP				
	S-131			
	S-133 (1/06+)			
	PTB			
ENGB				
	S-230			
	S-290			
	PTB			
Chain Saw				
	S-212			
Name of Company	Company Representative (signature)		Date	Agency review (pass/fail)

Company representative signature indicates all employee information is accurate, documented, on file and complete.