

Individual Employee Training Verification Form



Interagency Water Handling Agreement

Employee Name: _____ Government Issued Photo Identification Verified (i.e. Driver's License, Passport, Etc.) _____ If CDL with Tank Endorsement Required, verify: Yes <input type="checkbox"/> No <input type="checkbox"/> Medical Certificate (If required, verify, i.e., Drivers over 10,000# vehicle) Yes <input type="checkbox"/> No <input type="checkbox"/> Proof of Workers Compensation Insurance: Yes <input type="checkbox"/> No <input type="checkbox"/> Work Capacity Fitness Test: Arduous <input type="checkbox"/> Light <input type="checkbox"/> Time _____	Qualified ICS Position:
Contractor/Company: _____	Hiring Date: _____

Wildland Fire Courses and Position Task Books Completed (Certification of Training must be in Employee's File)

ICS Position	Required Course/PTB	Month & Year of Training or PTB completed	Instructor, Institution or PTB Certifier	Location &/or Phone # of Instructor, Institution, Certifier
<i>Annual Fire line Refresher</i>	<i>RT-130</i>			
<i>Firefighter II</i>	<i>S-130</i>			
	<i>S-190</i>			
	<i>I-100</i>			
	<i>L-180 (1/06+)</i>			
<i>Firefighter I and/or WTOP</i>	<i>S-131</i>			
	<i>S-133(1/06+)</i>			
	<i>PTB</i>			
<i>ENGB</i>	<i>S-230</i>			
	<i>S-290</i>			
	<i>PTB</i>			
<i>Chain Saw</i>	<i>S-212</i>			

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.