

Individual Employee Training Verification Form

Interagency Water Handling Agreement



264 County Road 179, Westcliffe, CO 81252
 PH: 303-945-5610 EMAIL: operations@firetrax.us

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

Wildland Fire Courses and Position Task Books (PTB) 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
Firefighter II FFT2	S-130			
	S-190			
	I-100 1-06+			
	L-180 (1/06+)			
Firefighter I FFT1 and/or WTOP	S-131*			
	S-133 *(1/06-9/16*)			
	PTB			
Engine Boss ENGB	ICS-200 (10/12+)			
	S-230 (3/99+)			
	S-290			
	PTB			
<i>All Positions</i> (except WTOP)	IS-700a			
<i>All Positions</i> (FFT1,FFT2, ENGB,WTOP)	RT-130 Annual Fireline Safety Refresher			
<i>Chain Saw</i>	S-212			

Wildland Fire Experience (List previous 5 years experience)

YEAR	POSITION	INCIDENT	LOCATION (City & Agency)	FIRE SIZE (ACRES)	# OF DAYS WORKED

Contractor/Representative (Print Name)	Signature of Contractor/Representative	Date	Phone	Agency Review (P/F)

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

* From 1/06 to 9/30/16, FfTI required training included both S-131 and S-133. Beginning on 10/1/16, only the S-131 course material dated Sept. 2016 is required and S-133 and the earlier version of S-131 are discontinued.