



South Dakota Certified Fire Instructor Lead Evaluator Nomination form

(Please print clearly)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Drives license #; _____

Contact information

Cell #: _____ Email: _____

Are you a current South Dakota Certified Firefighter? _____ How many years? _____

Are you a current South Dakota Certified Fire Service Instructor at this time? _____

How many years of instructing experience have you had in the fire service? _____

Are you a current member of the SD Fire Instructor Association? _____

Are you a member of a South Dakota Fire Department? _____

Which Fire Department are you an active member of? _____

Nominees must have a minimum of 2 years of service as a Certified Fire Service Instructor.

Please submit 3 letters of recommendation from 3 different Fire Chiefs, along with this nomination form to:

**South Dakota State Fire Marshal's Office
Fire Service Training
118 West Capitol Avenue
Pierre, SD 57501**