



**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  
221 S. Central Avenue  
Pierre, SD 57501**