



**SOUTH DAKOTA FIRE SERVICE TRAINING
Certified Firefighter Practical Testing
Lead Evaluator Nomination Form**

Name: _____

(Please Print Clearly)

Address: _____

City: _____

Contact Information: Phone # _____ Cell # _____

E-mail _____

Are you a South Dakota Certified Firefighter? **Y / N** How many years? _____

Are you a South Dakota Certified Fire Service Instructor at this time ? **Y / N**

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

Are you a current member of the SD Society of Fire Service Instructors ? **Y / N**

Are you a member of a South Dakota Fire Department ? **Y / N**

Which Fire Department are you a member of ? _____

Nominees must have minimum of 5 years of service as a Certified Firefighter and a minimum of 2 years service as a Certified Fire Service Instructor.

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

**SD STATE FIRE MARSHAL'S OFFICE
Fire Service Training
118 W. Capitol Avenue
Pierre, SD 57501-2080**