

RECERTIFICATION CARD FOR SOUTH DAKOTA FIRE INSTRUCTORS

INSTRUCTORS NAME:					DRIVER'S LICENSE NUMBER: (for record keeping only)		
COMPLETE MAILING ADDRESS:					RECERTIFICATION DATE: (card due in office on this date)		
FIRE DEPARTMENT OR AGENCY:							
12 HOURS OF INSTRUCTION:					I, the undersigned, request a review of these records for completion and request instructor recertification <div style="text-align: center; margin-bottom: 10px;"> _____ (Signature of Instructor) </div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;">(Name of Fire Chief or head of agency)</td> <td style="width: 50%; border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;">(Signature of Fire Chief or head of agency)</td> </tr> </table>	(Name of Fire Chief or head of agency)	(Signature of Fire Chief or head of agency)
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STATE SUBJECT AND LOCATION OF CLASS	NUMBER OF HOURS	DATE OF CLASS	NAME OF AGENCY REP WHO HOSTED CLASS	SIGNATURE OF AGENCY REP			
					<div style="text-align: center;"> RECERTIFICATION REQUIREMENTS: Submit the following before the recertification date listed above: (NOTE: Keep a copy of all materials you submit) 1.) This recertification card, documenting 12 hours of instruction and one 6-hour Train-the Trainer course every two years. 2.) Course evaluation forms (filled out by students) from at least one class session you have taught. </div> <div style="margin-top: 10px;"> SENT TO: FIRE SERVICE TRAINING PROGRAM SD STATE FIRE MARSHAL'S OFFICE 118 WEST CAPITOL AVE PIERRE, SD 57501-2036 </div> <div style="margin-top: 10px; text-align: center;"> (FOR OFFICE USE ONLY) FIRE SERVICE TRAINING DIRECTOR, Check one, please <input type="checkbox"/> Recertification is granted. Issue new recertification card. <input type="checkbox"/> Recertification is not granted. </div> <div style="margin-top: 10px;"> DIRECTOR'S NAME: _____ SIGNATURE: _____ DATE: _____ </div>		
TRAIN-THE-TRAINER (One 6-hour course every 2 yrs.)							