

CERTIFICATE OF COMPLETION

of a Basic Fire Protection Training Course as approved by the
Texas Commission on Fire Protection

A Certificate of Completion for each student must be presented to the commission's staff examiner, prior to the examination, in order for the student to be allowed to take the commission's examination.

As the duty authorized Coordinator/Training Officer of the certified training facility identified below, I hereby certify that on the _____ of _____, _____
Day Month Year

SS# _____
LastName Suffix FirstName MiddleName or Initial

did successfully complete a basic course of instruction carrying commission approval number 2010254, Course ID number 500 and titled FIRE INVESTIGATOR as described in Chapter 5 of the Commission's Certification Curriculum Manual. The number of hours approved are 150.

I certify that this course was conducted as it was approved by the Commission and in accordance with all rules contained in the Commission's Standards Manual for Fire Protection Personnel.

I certify that this course was conducted in compliance with all personnel safety requirements specified in Chapter 427 of the Commission's Standards Manual and that protective clothing and SCBA, if required, met applicable NFPA standards.

I certify that live fire training, if required in the applicable curriculum, was in fact completed as scheduled and that the individual met all live fire competencies and objectives as specified in the applicable curriculum manual.

I further certify that the individual identified above received instruction in all of the subjects, competencies, and objectives as specified in the applicable curriculum manual; that the comprehension of the individual was evaluated by periodic and comprehensive written tests in accordance with commission rules; and that the individual was evaluated on performance skill objectives contained in the applicable curriculum in accordance with commission rules.

I understand that by signing this document, I am assuming responsibility for myself and the certified training facility identified below to ensure that all statements on this form are true and correct. I understand that falsifying information on this form or failing to provide training as prescribed by the Commission's Standards Manual and/or Curriculum Manual may constitute grounds for administrative penalties and revocation of the certification of the training facility and instructor staff.

Training Facility Identification:

333

FDID Number

OL - Fire in Texas

Name of Certified Training Facility as it appears on the facility's certificate

Gothard, Ronnie R.

Print name of Coordinator/Training Officer


Signature of Coordinator/Training Officer