

Utah Wildland Firefighter Recertification Request, for positions ICT5 and above

Fire Department :

Date:

Fire Fighter Name:

Date of Birth:

Requesting recertification as:

Or LAST 4 of SSN:

These requirements have been met and the supporting documentation is on file with the fire department. Hard copies of Pack Test Time and Annual Refresher must accompany this document

Pack Test Time:

Date:

Annual Refresher:

Date:

I the Chief of the: _____ Fire Department, certify these conditions have been met and the attendance rolls and supporting documentation is on file with the department

Signed _____ Printed _____ Date _____

_____ Date _____

Utah Division of Forestry, Fire and State Lands: Area Fire Management Officer

_____ Date _____

Utah Division of Forestry, Fire and State Lands: Assistant Fire Management Officer

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Fire Experience's for the previous year, Only list 1 experience for each position filled

Fire Name	Wildcad Fire #	Fire Class	Location	Type 1-5	Fuel Model	ICS Pos.	Shifts	Dates

**Fire Departments are also responsible for paying the recertification fee's to the Utah State Fire Certification Council **