



PUTNAM COUNTY BUREAU OF EMERGENCY SERVICES



Interior Firefighter Training Form C (Prior to August 1, 2002)

I _____ Certify the following
(name) (rank)

firefighters are interior qualified to the Standards of the _____
Fire Department.

(Signature) (Date)

NAME

EMT

_____	YES NO
SS# or NYS Training ID# _____	
_____	YES NO
SS# or NYS Training ID# _____	
_____	YES NO
SS# or NYS Training ID# _____	
_____	YES NO
SS# or NYS Training ID# _____	
_____	YES NO
SS# or NYS Training ID# _____	
_____	YES NO
SS# or NYS Training ID# _____	

For Office Use Only
Date Yellow Tag Issued: _____
Issued By: _____