Fresno County Fire Protection District
Form FCO-373 (Rev. 04/11)

PCF FIRE APPARATUS OPERATOR TRAINING VERIFICATION

NAME:	TODAY'S DATE:	SSN: *(last four digits)*
Last First MI.	MONTH DAY YEAR	
HIRING STATION:	STATION COMPANY OFFICER:	
EFFECTIVE DATE OF HIRE:	CLASSIFICATION: ☐ FAO ☐ Other: _____	

The following Training requirements shall be successfully completed by all new hire Paid-Call Firefighter personnel prior to emergency response.

Using the <u>employees' original certificates</u> as verification, check off the boxes below and fill in the dates of completion.

☒	CERTIFICATE	COMPLETION DATE:
☐	Valid California Driver's License Class-B (Firefighter exempt)	
☐	Driver Operator IA	
☐	Driver Operator IB	
☐	Minimum of (3) Code 3 driving responses with a qualified driver operator.	

COMMENTS:

REPORT VERIFICATION:

_____ EMPLOYEE SIGNATURE

_____ BATTALION CHIEF

SENT BY *(enter date)*: ☐ Station _____ ☐ Battalion Chief _____ ☐ Training _____ ☐ Admin Officer _____