



ALABAMA FIRE COLLEGE & PERSONNEL STANDARDS & EDUCATION COMMISSION

CERTIFIED VOLUNTEER FIRE FIGHTER Continuing Education Affidavit

Volunteer Fire Fighter Certificate Number: _____

Social Security No (Last 4): _____

Complete Name: _____
(First, Middle, Last, Suffix)

Date of Issuance of Certification: _____

DEPARTMENTAL INFORMATION:

(Please list all departments served)

Current Department: _____

Address: _____ **City:** _____ **Zip:** _____

Previous Department(s):

Department: _____

Department: _____

I hereby state under oath that I am the Chief of the Department listed above.

I further state that the above member **(did) (did not)** attend at least thirty (30) hours of continuing education during each calendar year(s) since issuance of Certified Volunteer Fire Fighter as covered by this affidavit as indicated in 360-X-1(d)(2) General Regulations: Administrative Procedures.

Sworn to and subscribed before me this _____ **day of** _____, _____

Signature of Chief

Print Name of Chief

Phone Contact

Email Address