

Virginia Department of Fire Programs
Instructor I Certification Program
Instruction Affidavit

Instructor Candidate's Name: _____		Last 4 SSN: _____	
Dept./ County Jurisdiction Name: _____		F.D.I.D.: _____	
Director or Fire Chief Name: _____		Contact No.: _____	
Training Officer's Name: _____		Contact No.: _____	

This affidavit acknowledges that _____ has conducted 16 hours of training in my department/jurisdiction/county. The training conducted by this individual consisted of 8 hours of classroom and 8 hours of practical instruction to the emergency service personnel within my jurisdiction. The Instructor Candidate was monitored by the department/jurisdiction/county Director of Emergency Services, Fire Chief, and/or Training Officer. The instructor candidate met the expectations and approval as signified by the signature(s) affixed to this document.

We the undersigned are requesting the Virginia Department of Fire Programs to accept this affidavit and approve the certification of this instructor candidate when all requirements of the Instructor I training program have been successfully competed.

Director's Signature _____ Date _____

Training Officer's Signature _____ Date _____

Fire Chief's Signature _____ Date _____

VDFP Division Chief's Signature _____ Date _____