

**Texas Commission on
Fire Protection
Fire Service Standards & Certification Division**

P.O. Box 2286, Austin, Texas 78768-2286
(512) 936-3838 FAX (512) 936-3808

**Assurance of Training
(Verification of Out-of-State Training)**

This is to certify that (Applicant) _____ completed training equivalent to NFPA Standard 1001 for Firefighter I and Firefighter II (Includes NFPA 472 hazardous materials Awareness and Operations level training).

DATE TRAINING WAS COMPLETED _____

Training completed at:

Location _____

Mailing Address _____

Phone Number _____

The information above must be attested to by the organization's Chief Training Officer and Fire Chief or Chief Administrator.

Chief Training Officer Signature

Fire Chief/Administrative Head Signature

Chief Training Officer Printed Name

Fire Chief/Admin. Head Printed Name

Date

Date

TO THE APPLICANT: In order to receive credit for the firefighter training above, you must also submit documentation of the completion of medical training to the level required by the Texas Commission on Fire Protection. Documented training must include completion date. See the Standards Manual online, Chapter 423.1, for more information on the minimum required training.
Website: <http://www.tcfp.texas.gov>