

Date Received	Texas Commission on Fire Protection Fire Service Standards & Certification Division	Date Approved
	P.O. Box 2286, Austin, Texas 78768-2286 (512) 936-3838 Fax No. (512) 936-3808	Approved By
	Continuing Education Exemption	

Fire Department:

FDID No.	Department Name

Fire Protection Personnel and Part-Time Fire Protection Employee Information:

Social Security No. or PIN	Last Name	Suffix	First Name	Middle Name or Initial

I hereby certify that the individual identified above qualifies for exemption from continuing education requirements as specified in Section 441.5(j) of the Texas Commission on Fire Protection Standards Manual for Fire Protection Personnel for the certification renewal period ending _____. (Please indicate renewal year of exemption.)

Disclosure of your social security number is required. Your social security number is being solicited pursuant to Texas Family Code Section 231.302 for use by the State's Title IV-D agency to assist in the administration of laws relating to child support enforcement under Parts A and D of Title IV of the Federal Social Security Act (42 U.S.C. Section 601-617 and 651-669).

It is the policy of this agency that all applicants will receive an equal opportunity without regard to race, color, age, religion, sex, national origin, or physical/mental disability unless the individual does not meet the standards set by the commission as stated in the Standards Manual for Fire Protection Personnel, "Standards for Certification, §421.3."

By my signature below, I attest I have read and agree that the statements on this form and any attachments to this form are true and correct. I understand any misstatements or omissions of material facts may constitute grounds for administrative proceedings by the T.C.F.P.

Applicant's Signature

Signature of Fire Chief or Administrative Head

Print Applicant's Name

Print Name of Fire Chief or Administrative Head

Date

Date

Purpose: This form is submitted to the commission in lieu of continuing education documentation if an individual was ill or injured for more than six months of the reporting period.

Date Received: Reserved for agency use.

Date Approved: Reserved for agency use.

Approved By: Reserved for agency use.

FDID No.: The identification number assigned to the department by the commission.

Department Name: The name of the fire department that the individual is either a member of or employed by.

Personnel Information: Provide the pertinent information regarding the individual that the request is being submitted for.

Renewal Year of Exemption: The ending date of the renewal cycle for which exemption is being sought.

Applicant Signature and Printed Name: Legal signature.

Signature of Fire Chief or Administrative Head and Printed Name: Legal signature.

Date: Date signed.