

Date Received	<h1 style="margin: 0;">Texas Commission on Fire Protection</h1> <p style="margin: 0;">Fire Service Standards & Certification Division P. O. Box 2286, Austin, Texas 78768-2286 (512) 936-3838 FAX (512) 936-3808</p>	Date Approved
Entered By	<h2 style="margin: 0;">Phase I Training Notification Fire Fighter I</h2>	Processed By

(PLEASE TYPE OR PRINT clearly)

Personnel Information:				
Social Security No.	Last Name	Suffix	First Name	Middle Name or Initial
Home Address of Applicant		City	State	Zip Code
Daytime Phone Number of Applicant		E-Mail Address (if available)		

Fire Department/Training Academy Information:			This section to be completed by the Training Facility	
FDID	Fire Department Name	Department Phone Number (Non-Emergency)		
Fire Department Mailing Address		City	State	Zip Code

Course Approval Number	
Course Approval number issued by the Texas Commission on Fire Protection:	

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 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. Sections 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	Date	
<p>NOTE: By signing below, I (the Training Coordinator) understand that I am responsible for insuring that all training documented on the reverse side of this form was conducted in accordance with the rules and requirements set forth by the Texas Commission on Fire Protection.</p>		
Name of Training Coordinator (Please Print)	Signature of Training Coordinator	Date Signed

Please Complete the Reverse side of this form.

PHASE ONE – STRUCTURE FIRE SUPPRESSION – Fire Fighter I			
.SECTION	SUBJECT	RECOMMENDED HOURS	HOURS COMPLETED
Sec. 115	Fire Science	16	
Sec. 120	Self-Contained Breathing Apparatus	32	
Sec. 121	Personal Protective Equipment	4	
Sec. 122	Fire Fighter Safety and Orientation	24	
	Total Hrs Needed For Phase I	76	