

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

(PLEASE TYPE OR PRINT clearly)

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

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

<b>Course Approval Number</b>	
<b>Course Approval number issued by the Texas Commission on Fire Protection:</b>	

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.

<b>Applicant's Signature</b>		<b>Date</b>	
<b>NOTE:</b> 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.			
<b>Name of Training Coordinator (Please Print)</b>	<b>Signature of Training Coordinator</b>	<b>Date Signed</b>	

Please Complete the Reverse side of this form.

<b>PHASE TWO – STRUCTURE FIRE SUPPRESSION – Fire Fighter I</b>			
<b>.SECTION</b>	<b>SUBJECT</b>	<b>RECOMMENDED HOURS</b>	<b>HOURS COMPLETED</b>
Sec. 103	Portable Fire Extinguishers	8	
Sec. 105	Fire Service Ground Ladders	32	
Sec. 106	Fire Service Hose	24	
Sec. 108	Fire Service Overhaul	4	
Sec. 109	Fire Streams	8	
Sec. 113	Water Supplies	8	
	<b>Total Hrs Needed For Phase II</b>	<b>84</b>	