



Name of Fire Department		Contact Phone No.
Four/Six digit location code	The department is composed of	
	<input type="checkbox"/> Full-time Firefighters <input type="checkbox"/> Volunteer Firefighters <input type="checkbox"/> Composite	

As Fire Chief, I declare the intent of my department to participate in the Training Officer Certification Program.

Attached is a list of _____ Training Officers in the department (complete with their full names, (state the total number) date of eligibility as a Training Officer and classification) who will be seeking certification.

Name of Fire Chief: _____ Date: _____
please print

Signature: _____

Return completed form to: Chairperson, Certification Council, Academic Standards & Evaluation Section, Office of the Fire Marshal, 5775 Yonge Street, 7th Floor, North York, ON M2M 4J1 or fax to (416) 325-3122