

Driver/Operator - Aerial Local Verification Form

NFPA 1002 – 2009

Candidate's Name: _____ Date of Birth: _____

Local Verification Requirements

1. Driver's license.

The candidate has the appropriate class of driver's license (and appropriate endorsements, if applicable) per department requirements and is authorized by the undersigned to operate the vehicle(s) used during the test.

2. NFPA 1002 – 2009, JPR 4.2.2, Document Routine Tests, Inspections, and Servicing Functions:

The candidate has successfully demonstrated the ability to complete all required documentation relating to routine tests, inspections, and servicing functions of department aerials per department protocols and procedures.

3. NFPA 1002 – 2009, JPR 4.3.1, Operate a Fire Department Vehicle Under Adverse Environmental Conditions:

The candidate has successfully demonstrated the ability to successfully drive a department aerial under adverse environmental or driving surface conditions.

4. NFPA 1002 – 2009, JPR 4.3.6, Operate Fire Department Vehicle Using Defensive Driving Techniques Under Emergency Conditions:

The candidate has successfully demonstrated the ability to safely and successfully drive a department aerial including, but not limited to, the ability to operate passenger restraint devices; maintain safe following distances; maintain control of vehicle while accelerating, decelerating, and turning; operate the vehicle under adverse environmental or surface conditions; and use automotive gauges and controls, all while operating under emergency conditions (i.e., "lights and sirens").

I have reviewed the candidate's file and affirm that the candidate identified above has met the requirements listed in paragraphs 1 through 3 above. All requirements have been successfully conducted and completed per local department protocol. All information listed above can be validated by a written and/or hard copy of the documents maintained by the department.

Typed or Legibly Printed Name of Fire Chief or Designated Representative

Signature of Fire Chief or Designated Representative

Date: _____ Department: _____

Fire Department Phone Number: (_____) _____ - _____