



Fire Officer II Local Verification

NFPA 1021 – 2009

Candidate's Name: _____ Date of Birth: _____

Local Verification Requirements

NFPA 1021 – 2009, JPR 5.6.1, Produce Operational Plans:

The candidate has successfully demonstrated the ability to implement an incident management system.

The candidate has successfully demonstrated the ability to effectively communicate orally.

The candidate has successfully demonstrated the ability to supervise and account for assigned personnel under emergency conditions

The candidate has successfully demonstrated the ability to serve in command staff and unit supervision positions within the Incident Management System.

NOTE: This Local Verification Form is to be signed by the Fire Department Chief or in those larger departments where the Fire Chief may not normally have direct supervision over the individual at emergency scenes, then it shall be signed by the Supervisory Chief (i.e., Battalion Chief, Shift Chief, Assistant Chief, Deputy Chief, etc.).

I have supervised or witnessed the candidate operate at the scene of an emergency in my department and affirm that the candidate identified above has met the requirements listed above. All requirements have been successfully demonstrated 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.

Signature of Fire Chief or Supervising Chief

Printed Name of Fire Chief or Supervising Chief

Rank or Position of Fire Chief or Supervising Chief

Date: _____ Department: _____

Fire Department Phone Number: (_____) _____ - _____

Mail Completed Form To: Kansas Fire & Rescue Training Institute, KU Continuing Education, 1515 St Andrews Drive, Lawrence, KS 66047