

GEORGIA FIREFIGHTER STANDARDS AND TRAINING COUNCIL
FIRE AND LIFE SAFETY EDUCATOR
COMPLIANCE REQUEST FORM

Note: This form shall be used for educators that have completed the Fire and Life Safety Educator Training Course and currently hold Georgia State Firefighter Certification.

APPLICANT INFORMATION
COMPLETED BY APPLICANT

1. _____ 2. _____
First Name MI Last Name GFSTC ID
3. _____ Career ___ Volunteer ___ Part-time ___ 4. _____
Employing Fire Department Employment/Appt. Date
5. _____ Career ___ Volunteer ___ Part-time ___ 6. _____
Terminating/Previous Department Date Resigned/Terminated
7. Print your State Firefighter Certification number _____
8. Print your State Firefighter Certification date _____
9. Print completion Date for Fire And Life Safety Educator Training Course _____
10. Print Date Georgia Fire and Life Safety Educator Test completed _____

O.C.G.A.- 16-10-20 A person who knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact; makes a false, fictitious, or fraudulent statement or representation; or makes or uses any false writing or document, knowing the same to contain any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of state government or of the government of any county, city, or other political subdivision of this state shall, upon conviction thereof, be punished by a fine of not more than \$1,000.00 or by imprisonment for not less than one nor more than five years, or both.

I attest and affirm that I have reviewed this application and the information supplied is true to the best of my knowledge.

Print Name of Chief/Designee

Print Applicant Name

Signature of Chief or Designee

Signature of applicant