

## CB 82 Compliance, Schedule D

Last Name:		First Name:		Middle:	
Company:		Date Joined:			
PFGD ID #:		Current Rank:			

Current Status: Operational  EMS Only  Non-Operational/Administrative  Inactive

<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Firefighter Certification</th> <th style="text-align: center; border-bottom: 1px solid black;">Date Completed</th> </tr> </thead> <tbody> <tr><td>VRS</td><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td>Essentials - _____</td><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td>Basic</td><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td>Firefighter I</td><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td>Firefighter II</td><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td>Firefighter III</td><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td>Other - _____</td><td style="border: 1px solid black; height: 20px;"></td></tr> </tbody> </table> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Instructor Certification:</th> <th style="text-align: center; border-bottom: 1px solid black;">Date Completed</th> </tr> </thead> <tbody> <tr><td>Instructor I</td><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td>Instructor II</td><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td>Instructor III</td><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td>Instructor IV</td><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td>Other - _____</td><td style="border: 1px solid black; height: 20px;"></td></tr> </tbody> </table>	Firefighter Certification	Date Completed	VRS		Essentials - _____		Basic		Firefighter I		Firefighter II		Firefighter III		Other - _____		Instructor Certification:	Date Completed	Instructor I		Instructor II		Instructor III		Instructor IV		Other - _____		<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Officer Certification</th> <th style="text-align: center; border-bottom: 1px solid black;">Date Completed</th> </tr> </thead> <tbody> <tr><td>EMS Officer I</td><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td>Fire Officer I</td><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td>Fire Officer II</td><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td>Fire Officer III</td><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td>Fire Officer IV</td><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td>Other - _____</td><td style="border: 1px solid black; height: 20px;"></td></tr> </tbody> </table> <p style="font-size: small;">Note: A copy of the certification must be provided for each training level that has not been previously submitted and agreed upon by the Fire Commission and the PGFD as indicated below.</p> <p>The Fire Commission and the Prince George's County Fire/EMS Department agree that authentic certification has been previously submitted at the level indicated for Firefighter (____), Officer (____), Instructor (____) on _____. Therefore, it is agreed and understood that it is not necessary to resubmit certification for the above areas on an annual basis.</p>	Officer Certification	Date Completed	EMS Officer I		Fire Officer I		Fire Officer II		Fire Officer III		Fire Officer IV		Other - _____	
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_____ For the Fire Commission	_____ For the Prince Georges County Fire/EMS Department																																										

The following certification is submitted to meet the annual twelve-hour continuing education requirement for Chief Officer.	
Name of course/training: _____	
Date Completed: _____	Note: A copy of the certification must be provided.

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This information is provided for the period of \_\_\_\_\_ through \_\_\_\_\_. To the best of my knowledge, and in accordance with the Prince Georges County Code, It is accurate and all documentation submitted is authentic copy of the original certification that was issued to the individual.

Volunteer Chief	Date	President/Chairman/Board of Directors	Date
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