



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
COMMISSION ON FIRE FIGHTING

2161 Unionville Deason Road
Bell Buckle, TENNESSEE 37020
931-294-4140

Must Be Sent Hard Copy to the Address Above

NOTARIZED STATEMENT OF FIRE CHIEF

Using the drop down select the
year training was conducted.

I hereby certify that I have carefully examined the _____ (year) In-Service Report Form(s) submitted to the Tennessee Commission on Fire Fighting Personnel Standards and Education for the _____ (year) State Educational Incentive by my department.

Further, I attest to the **accuracy** and **completeness** of said form(s) by affixing my signature to this document.

Department Name: _____

Fire Chief Signature
(DO NOT TYPE)

Subscribed and sworn to before me this _____ day of _____ 20_____.

(Notary Seal)

Notary Public

My Commission expires on the _____ day of _____ 20_____.