



Division of Fire Prevention, State Fire Marshal's Office
Permits and Licensing Unit
500 James Robertson Parkway
Nashville, TN 37243
Tel: 615-741-2981
Fax: 615-741-1583

Email: SFMO.permits-licensing@tn.gov
http://www.tn.gov/commerce/fire-prevention

CONTINUING EDUCATION HOURS CLAIMS RECORD— Complete the following form and submit to the Permits and Licensing unit after completion of the course.

NOTE: Licensee may mail, fax or email to the above listed division of the Department of Commerce and Insurance.

NAME OF LICENSEE _____ PHONE # _____

ADDRESS _____

CITY/STATE/ZIP _____

FAX # _____ E-MAIL ADDRESS _____

TYPE OF CERTIFICATION OR LICENSE: _____

TN LICENSE OR CERTIFICATION NUMBER _____

TYPE AND TITLE OF EVENT ATTENDED

SEMINAR/CONFERENCE: _____

OTHER: _____

DATE OF EVENT: _____

LOCATION OF EVENT: _____

Has this event been preapproved for continuing education hours by the State Fire Marshal's Office?
YES ___ NO ___ DON'T KNOW ___

If this course has not been approved in advance by the State Fire Marshal's Office you must also submit a Course Approval Form and any additional information requested by the Commissioner or his or her authorized representative as necessary for review of the course.

Title(s) of course(s) or session(s) for which continuing education hours are being claimed, (attach additional forms if necessary). Note: All information on this form must be completed and the form must be signed by the instructor for credit to be issued.

Table with 4 columns: COURSE #, TITLE, HOURS IN CLASS*, INSTRUCTOR'S SIGNATURE

* For fireworks courses approved with hours in more than one certification, identify the hours spent on each certification. Example: Outdoor 2.5 hours, Proximate 3.0, Flame 2.0.

I hereby certify that I attended the event and/or course of instruction indicated above.

SIGNATURE: _____ DATE: _____

