



COMMERCE & INSURANCE  
 TENNESSEE COMMISSION ON FIRE FIGHTING  
 2161 Unionville Deason Road  
 Bell Buckle, TENNESSEE 37020  
 931-294-4140

<b>FOR COMMISSION USE ONLY</b>	
Rec'd	_____
App'd	_____
Hours Credit	_____
NOTES	_____

**APPLICATION FOR IN-SERVICE TRAINING SUBSTITUTION**

This form is to be completed by applicants electing to substitute the Commission's Certification, College/University or Specialized Training in lieu of the 40 Hour In-Service Training Program. A separate form must be submitted for each substitution requested.

Please complete all sections applicable. **PLEASE PRINT OR TYPE THIS FORM.**

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**SECTION A**

REQUEST FOR: (check one)

\_\_\_\_\_ COMMISSION CERTIFICATION SUBSTITUTION FOR 40 HOUR IN-SERVICE  
 (complete section A, B, C and F)

\_\_\_\_\_ COLLEGE/UNIVERSITY SUBSTITUTION FOR 40 HOUR IN-SERVICE  
 (complete section A, B, E and F)

\_\_\_\_\_ SPECIALIZED TRAINING SUBSTITUTION (course must be a minimum of 2 hours duration)  
 (complete section A, B, D and F)

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**SECTION B**

\_\_\_\_\_ Last Name, First Name MI Fire Department Name

\_\_\_\_\_ Rank/Position ACADIS PSID Number

\_\_\_\_\_ Home Address City State Zip

Completed 8 hours of Hazardous Materials Training on \_\_\_\_\_  
 Date

Completed the CPR Certification requirement on \_\_\_\_\_  
 Date

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**SECTION C  
 COMMISSION CERTIFICATION**

I have completed a minimum of 40 hours of preparatory training toward the following named Commission certification.

\_\_\_\_\_ Title of Certification Certification Number

\_\_\_\_\_ Date Issued

