



**FLORIDA DIVISION OF STATE FIRE MARSHAL
BUREAU OF FIRE STANDARDS AND TRAINING**



**Verification of Participation in Live Fire Training
For
Live Fire Training Instructor Refresher**

Please type or print legibly.

LFTI Instructor Name (Last, First MI) Date of Birth

Home Address: City State Zip Code

Telephone Number: Daytime Evening

I do hereby affirm that the above person has participated in the following live fire burn and participated as either the Instructor in Charge or Safety Officer.

Date of Burn Location of Burn Position (IIC/Safety)

Printed Name Title (Training Director or Master) Date

Signature of Training Director or Master

Name of Certified Training Center

This form needs to accompany the renewal application for Live Fire Instructor I.