Prescribed Burn Certification Affidavit

State of ____________________________
County ____________________________
I, (Name) ____________________________
(Title) ____________________________

being an Employee of

Company Name ____________________________

I am knowledgeable concerning the work experience and qualification of
Prescribed Burn Certification Applicant:

Applicant Name ____________________________

do hereby declare that the Applicant qualifies for such certification by having met the
following requirements:

The Applicant:

1. has successfully completed a 2-day prescribed burn course
   AND
2. has participated in a minimum of five prescribed burns as the person in charge of execution of the burns
   AND
3. has at least two years experience using prescribed fire

Signature ____________________________

Date ____________________________

Course location ____________________________

Course date ____________________________

An Equal Opportunity Employer and Service Provider