

**NFPA 1001 FIRE SUPPRESSION VERIFICATION FORM  
FIRE FIGHTER I, FIRE FIGHTER II**

This Fire Suppression Verification Form, **fully and accurately completed**, shall be administered as part of the Kansas Fire & Rescue Training Institute Certification process to indicate the Certification Candidate has met the Job Performance Requirements (JPRs) for the specified objectives for NFPA 1001, *Standard for Fire Fighter Professional Qualifications, 2019 Edition*.

*(Please Print Legibly):*

Last Name	First Name	MI
Name of Fire Department / Organization		
Birthdate		

**INSTRUCTIONS:** Complete the appropriate section(s) below based on the Certification Candidate's intended level of training and certification.

**Fire Fighter I Local Verification**

Objective #	Job Performance Requirement	Auditor's Initials	Date
JPR# 4.3.10	Interior Structural Fire Attack - FF1 Interior Attack, Nozzle, Ops		
JPR# 4.3.7	Passenger Vehicle Fire Attack - FF1 Car Fire		
JPR# 4.3.8	Exterior Class A Fire Attack - FF1 Fire Attack Class A		

**Fire Fighter II Local Verification**

Objective #	Job Performance Requirement	Auditor's Initials	Date
JPR# 5.3.2	Coordination of Interior Fire Attack - FF2 Fire Attack		

**This form is NOT valid without the signature of the Department Fire Chief, Training Chief, Fire Science Community College Program Director, or other Designee.**

**Affirmation of Signers:** This is to attest that the Certification Candidate named above has successfully completed **all** Job Performance Requirements (JPRs) for each respective Fire Suppression Evolution, during formal training conducted in accordance with NFPA 1403, *Live Fire Training Evolutions, 2018 edition*.

**Department Fire Chief, Training Chief, Fire Science Community College Program Director, or other Designee:**

Print Name	Signature	Date
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