



STATE FIREMEN'S AND FIRE MARSHALS' ASSOCIATION OF TEXAS

Promote, Unify, Represent, and Educate The Fire Service of Texas

CERTIFICATION WORKSHOP ATTENDANCE

PLEASE PRINT ALL INFORMATION

Full Legal Name (Please print)	SSN (last 4 Digits)	Fire Dept Name
Full Name	SSN Last 4	Fire Dept Name
Personal E-Mail Address:		
Full Name	SSN Last 4	Fire Dept Name
Personal E-Mail Address:		
Full Name	SSN Last 4	Fire Dept Name
Personal E-Mail Address:		
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Personal E-Mail Address:		
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Personal E-Mail Address:		
Full Name	SSN Last 4	Fire Dept Name
Personal E-Mail Address:		
Full Name	SSN Last 4	Fire Dept Name
Personal E-Mail Address:		
Full Name	SSN Last 4	Fire Dept Name
Personal E-Mail Address:		

CERTIFICATION BOARD MEMBER SIGNATURE: _____

LOCATION: _____

DATE: _____

CERTIFICATES E-MAILED FROM AUSTIN TO THE ADDRESS PROVIDED