

**CERTIFICATE OF COMPLETION OF FIREFIGHTER TRAINING**

LAST NAME <b>BAYER</b>	FIRST NAME <b>STEREMY</b>	MI <b>E</b>	SOCIAL SECURITY NUMBER <small>mandated for child support enforcement purposes pursuant to R.C. 2301.372(e)</small>		DATE OF BIRTH
HOME ADDRESS [REDACTED]	P. O. BOX [REDACTED]	CITY [REDACTED]	STATE <b>OH</b>	ZIP CODE <b>43112</b>	COUNTY OF RESIDENCE <b>Fairfield</b>
PLEASE LIST AFFILIATION(S) (IF ANY)					
1. DEPARTMENT NAME <b>Greensix Twp</b>	<input type="checkbox"/> PAID <input checked="" type="checkbox"/> VOLUNTEER	ADDRESS <b>898 Canby Rd. Box 409</b>	CITY <b>Carrroll</b>	STATE <b>OH</b>	COUNTY <b>Fairfield</b>
2. DEPARTMENT NAME	<input type="checkbox"/> PAID <input type="checkbox"/> VOLUNTEER	ADDRESS	CITY	STATE	COUNTY
I attest that the above information is true and correct to the best of my knowledge. I hereby give permission to the Ohio Department of Public Safety, Division of Emergency Medical Services to verify any of the above information.					
APPLICANT SIGNATURE <b>[Signature]</b>			DATE <b>1/14/03</b>		

**TO BE COMPLETED BY TRAINING INSTITUTION**

**INSTRUCTIONS**

This application must be completed and signed by the Program Director ONLY for students receiving a passing exam score. The student must receive one copy, the Chartered Training program shall keep one copy on file, the original must be sent to the Division of Emergency Medical Services.

**CURRICULUM INFORMATION:** Please check all those characteristics of the course that apply.

VOLUNTEER     FIREFIGHTER I     FIREFIGHTER I TRANSITION     FIREFIGHTER II     FIREFIGHTER I & II     FIRE SAFETY INSPECTOR

START DATE OF COURSE <b>1/15/02</b>	END DATE OF COURSE <b>1/21/03</b>	TEST DATE <b>1/14/03</b>	TEST SCORE <small>Must be 70% or above.</small> <b>74/90</b>
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NAME OF LEAD INSTRUCTOR <b>David Jenkins</b>	CERTIFICATION NUMBER OF LEAD INSTRUCTOR <b>87995</b>	NAME OF CHARTERED PROGRAM <b>Eastland Fairfield OTS</b>
CHARTERED PROGRAM PHONE # <b>(614) 836-4541</b>	CHARTERED PROGRAM ADDRESS <b>4300 Amalgamutgal P1 Kroppert OH 43105</b>	

I HEREBY ATTEST THAT THE ABOVE NAMED APPLICANT PRESENTED AN APPLICATION INDICATING COMPLIANCE WITH THE ADMISSION REQUIREMENTS IN SECTION 4765-11-13 (16), AND FOR FIRE SAFETY INSPECTORS SECTION 4765-11-13 (17) OF THE OHIO ADMINISTRATIVE CODE. I ALSO ATTEST THAT THE ABOVE APPLICATION IS ON FILE AT THE CHARTERED TRAINING PROGRAM, THAT ON **1/21/03** THE ABOVE NAMED APPLICANT COMPLETED A TRAINING PROGRAM AT THE LEVEL DESIGNATED, AND THAT UPON MY SIGNATURE BELOW THIS APPLICATION CONSTITUTES A CERTIFICATE OF COMPLETION OF A CHARTERED TRAINING PROGRAM.

**X** SIGNATURE OF PROGRAM DIRECTOR **[Signature]** DATE **1/15/03** PRINT PROGRAM DIRECTOR NAME **Jim DeLamor**

**APPLICANT**

This application once signed by the Program Director indicating a passing exam score, shall serve as verification of program completion. You may present this to your employer and may function as a firefighter as indicated in the curriculum information above. You will receive your state card within 30 days of the submission of this application to the Division of Emergency Medical Services.