



MASON COUNTY FIRE DISTRICT #4

TITLE: DRIVER CERTIFICATION

CHAPTER: 4000 NUMBER: 4040 DATE: 10-07-08

APPROVED: Signature on file Bob Burbridge, Chief

Name _____ Date _____

Washington State Driver's License # _____

Expiration Date _____

Instructor's Certification

From my observation of _____'s performance as an Equipment Operator, it is my opinion he/she should be authorized by the Chief, or his designee, as qualified to operate Level 1 ____, Level 2 ____, Level 3 ____ apparatus.

Instructor Signature

Driver Signature

Approved – Bob Burbridge, Chief