



## Verification of Successful Completion Of Phase I - FFII Practical Skills Testing

*To be completed by an Evaluator present for the Phase I Practical Skills Testing:*

**Candidate:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Locations:** \_\_\_\_\_

- NFPA 1001-2008, 6.4.1: Rescue-vehicle extrication  
NSFM Skill Sheets #7A-7D**
- NFPA 1001-2008, 6.3.1: Fire Control-exterior ignitable liquid fire  
NSFM Skill Sheet #3**
- NFPA 1001-2008, 6.3.2: Fire Control-coordinated interior attack team  
NSFM Skill Sheets #4**
- NFPA 1001-2008. 6.3.3: Fire Control-flammable gas cylinder fire  
NSFM Skill Sheets #5A-5B**

**I verify that I was present and personally evaluated this candidate in the following practical skills:**

**Evaluator:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please Return Form to:**

**Training & Certification Bureau  
107 Jacobsen Way  
Carson City, NV 89701**

**Fax Number 775-684-7507**