



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
COMMISSION ON FIRE FIGHTING

2161 Unionville Deason Road
Bell Buckle, Tennessee 37020
931-294-4140

Must Be Sent Hard Copy to the Address Above

NOTARIZED STATEMENT OF FIRE CHIEF

I certify that I have carefully reviewed the In-Service Report Form(s) submitted to the Tennessee Commission on Fire Fighting Personnel Standards and Education for my Department for the _____ training year. I further attest to the **accuracy** and **completeness** of the form(s) by affixing my signature to this document.

Finally, I acknowledge that submitting false or misleading to the Commission my result in the revocation or suspension of my certification and may result in criminal prosecution. If I discover an error in forms previously submitted, I will notify the Commission of the error immediately, submit corrected records and return any funds paid in error.

Department Name

Signature of Fire Chief

Printed Name of Fire Chief

Subscribed and sworn to before me this _____ day of _____ 20_____.

(Notary Seal)

Notary Public

My Commission expires on the _____ day of _____ 20_____.