



**TENNESSEE STATE FIRE MARSHAL'S OFFICE
CERTIFIED CODE INSPECTOR
RECERTIFICATION HOURS CLAIM RECORD**

COMPLETE THE FOLLOWING FORM AND SUBMIT TO THE STATE FIRE MARSHAL'S OFFICE WITHIN 90 DAYS

INSPECTOR'S NAME: _____ SOCIAL SECURITY #: _____

ADDRESS: _____

CITY/ST/ZIP: _____

EMPLOYER: _____

DAYTIME PHONE #: _____ FAX #: _____

TYPE OF CERTIFICATION
INSPECTOR HOLDS NOW: BUILDING #: _____ FIRE #: _____ PLUMBING #: _____ MECHANICAL #: _____

TYPE AND TITLE OF EVENT ATTENDED

SEMINAR/CONFERENCE: _____

CODE OFFICIAL MEETING: _____

OTHER: _____

DATE (S) OF EVENT: _____

LOCATION OF EVENT: _____

HAS THIS EVENT BEEN PREAPPROVED FOR RECERTIFICATION HOURS BY THE STATE FIRE MARSHAL'S OFFICE:

YES: _____ NO: _____ Fire Core Hrs _____ Building Core Hrs _____
DON'T KNOW: _____ Plumbing Core Hrs _____ Mechanical Core Hrs _____

TITLE(S) OF COURSE(S) OR SESSION(S) FOR WHICH RECERTIFICATION HOURS ARE BEING CLAIMED, (ATTACH ADDITIONAL FORMS IF NECESSARY). NOTE: ALL INFORMATION ON THIS FORM MUST BE COMPLETED AND THE FORM MUST BE SIGNED BY THE INSTRUCTOR FOR CREDIT TO BE ISSUED.

COURSE #	TITLE	HOURS IN CLASS	INSTRUCTOR'S SIGNATURE
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I HEREBY CERTIFY THAT I ATTENDED THE EVENT AND/OR COURSE OF INSTRUCTION INDICATED ABOVE.

SIGNATURE

DATE

MAIL TO:
TENNESSEE STATE FIRE MARSHAL'S OFFICE, ADMINISTRATIVE SERVICES SECTION
500 JAMES ROBERTSON PARKWAY, NASHVILLE, TN 37243-0577
PHONE # (615) 741-2981 FAX # (615) 741-1583

IN-1459 (2/10)