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

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

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)