CONTINUING EDUCATION HOURS CLAIMS RECORD—Complete the following form and submit to the Permits and Licensing unit within 30 days of completion of the course.

NAME OF LICENSEE______________________________________SOCIAL SECURITY #____________________

ADDRESS ______________________________________________________________________________________

CITY/STATE/ZIP __________________________________________________________________________________

DAY TIME PHONE # ___________ FAX # ___________ E-MAIL ADDRESS ________________________________

TYPE OF LICENSE HELD:___________________________________ LICENSE #__________________________

TYPE AND TITLE OF EVENT ATTENDED

SEMINAR/CONFERENCE:__________________________________________________________________________

OTHER:_______________________________________________________________________________________

DATE OF EVENT:______________________________________________________________________________

LOCATION OF EVENT:___________________________________________________________________________

Has this event been preapproved for continuing education hours by the state fire marshal’s office? YES____ NO____

If this course has not been approved in advance by the State Fire Marshal’s office you must also submit an agenda, outline of the course, a biography of the instructor and any additional information requested by the Commissioner or his or her authorized representative as necessary for review of the course.

Title(s) of course(s) or session(s) for which continuing education 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.

<table>
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<tr>
<th>COURSE #</th>
<th>TITLE</th>
<th>HOURS IN CLASS (LESS LUNCH AND BREAKS)</th>
<th>INSTRUCTOR’S SIGNATURE</th>
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I hereby certify that I attended the event and/or course of instruction indicated above.

SIGNATURE:________________________________________________ DATE:__________________________________

MAIL TO: DEPARTMENT OF COMMERCE AND INSURANCE, STATE FIRE MARSHAL’S OFFICE, PERMITS AND LICENSING UNIT, 500 JAMES ROBERTSON PKWY, NASHVILLE, TN 37243-1159