



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE & INSURANCE
DIVISION OF FIRE PREVENTION
ADMINISTRATIVE SERVICES SECTION
PERMITS AND LICENSING UNIT
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243-1159
(615)-741-1322 – 615-741-1583 (Fax)

CONTINUING EDUCATION HOURS CLAIMS RECORD—Complete the following form and submit to the SFMO Licensing Division 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.

COURSE #	TITLE	HOURS IN CLASS (LESS LUNCH AND BREAKS)	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: DEPARTMENT OF COMMERCE AND INSURANCE, STATE FIRE MARSHAL'S OFFICE, PERMITS AND LICENSING UNIT, 500 JAMES ROBERTSON PKWY, NASHVILLE, TN 37243-1159