



New Hampshire Department of Safety
Division of Fire Standards and Training & Emergency Medical Services

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On My Time Firefighter II Skills Verification

Student Name

NELP / EMS License Number (Required, this can be found under the student's profile at www.respondnh.org)

Please initial each course in which student has successfully completed all the standard evolutions skills.

- _____ Firefighter I Skills Review
- _____ Assist Rescue Teams Skills
- _____ Communication II Skills
- _____ Preplan - Inspections Skills
- _____ Public Education Skills
- _____ Fire Cause and Determination Skills
- _____ Auto Extrication Skills
- _____ Foam and Flammable Liquids Skills
- _____ Fire Suppression Skills

By initialing above and signing below, I, as a State Fire Instructor, attest the above student has successfully completed all skills listed in the standard evolutions to a satisfactory level.

Signature

Date

Name (Please print)

State Fire Instructor Number (Required, this can be found under the instructor's certifications at www.respondnh.org)

Completed Skills Verification forms should be submitted to fstems@dos.nh.gov