**INTERIOR TEAM MEMBER AUTHORIZATION FORM**

This form will certify Firefighter:

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**(Firefighters Full Name Here)**

1. Is an active member of his/her department and has a minimum of three (3) years of service in a Fire Department.
2. Is a Certified Green Tag in his/her department and has been a green tag for a minimum of two (2) years. (Green tag status shall be in accordance with the OSHA standard for Self Contained Breathing Apparatus).
3. Is recommended by said chief below. (The chief should take into consideration the number of structure fire that the firefighter has been in before making his/her recommendation).
4. Has meet the following requirements
* Firefighter 1 (or equivalent) Date:
* SCBA Confidence (or Smoke Divers) Date
* Firefighter Safety and Survival Date:
* FAST Date:
* Green Tags issued Date:

Department Chief (print):

Signature:

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

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OES USE ONLY

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**SUPPORT TEAM MEMBER AUTHORIZATION FORM**

This form will certify that Firefighter:

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**(Firefighters Full Name Here)**

1. Is an active member of his/her department and has a minimum of three (3) years of service in a Fire Department.
2. Is a Yellow Tag in his/her department and has been a yellow tag for a minimum of two (2) years. It is highly preferred that all support members be certified Green Tags (Green tag status shall be in accordance with the OSHA standard for Self Contained Breathing Apparatus).
3. Is recommended by said chief below. (The chief should take into consideration the number of structure fire that the firefighter has been in before making his/her recommendation).
4. Has meet the following requirements(must have Firefighter 1, or equivalent )
* Firefighter 1 (or equivalent) Date:
* SCBA Confidence (or Smoke Divers) Date:
* Firefighter Safety and Survival Date:
* FAST Date:

Department Chief (print):

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department:

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OES USE ONLY

Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_