2171 East View Parkway · Conyers, GA 30013
Telephone: 770-388-5757 or 1-866-374-0788 · Facsimile: 678-413-4227

Additional Training Report Form

Firefighter Name (Print)	Class Date	Total Training Hours
Training Class Attended	Class Location	Class Instructor

Description of Training and Objectives:

_____

_____

_____

_____

_____

_____

_____

I hereby state under oath that the information presented in this form is true and correct.

I certify and affirm that the above named member did complete the training as presented in this form. I acknowledge that if any examination of the records of the Department reveals that this Affidavit is incorrect, the Fund may revoke any credit for service to the above named member. I further acknowledge that O.C.G.A. 47-7-126 (a) provides that any person who knowingly makes any false statement in an attempt to defraud the Fund shall be guilty of a crime.

Member Signature _____ Date ____/____/____

Instructor Signature _____ Date ____/____/____

Chief Signature _____ Date ____/____/____