

FIRE DISTRICT COMMISSIONER TRAINING RECORD OF COMPLETION

Please complete the following sheet for the training conducted by you. Record retention requirement is that it be maintained for at least six (6) years and made available upon request by the Office of the State Comptroller.

- Key to Modules:**
- | | | |
|--|---|-----------------------------------|
| 1. Fire District Management | 2. Financial Administration | 3. Travel Procedures & Policies |
| 4. Procurement & Disposition of Fire District Assets | 5. Internal Controls & Detection of Fraud/Abuse | 6. Conflicts of Interest & Ethics |

Commissioner Name	Fire District	Mailing Address	Phone Number	Date Took Office	Training Hours	Module Completed	Certification Issue Date

Instructor Certifying:

Location of Training:

Training Firm:

Date Completed: