| Date Received: | | Date Reviewed: |
|---|---|---|
| | | |
| Appling For: | 200 Technology Way, Suite 1162, College Station, TX 77845-3424<br>tifmas@tfs.tamu.edu<br>**Wildland Firefighter I-ICT 5 (FFTI) Qualification Checklist** | Approval Level: |
| ☐ TIFMAS<br>☐ National | | ☐ TIFMAS<br>☐ National |

| Name: | Agency: |
|---|---|
| Applicant Contact Number: | |

**Points to consider when reviewing PTB: (Note: This is to be filled out by the department representative)**

| Yes | No | |
|---|---|---|
| ☐ | ☐ | Position Taskbook (PTB) was properly initiated by Fire Chief or designee and signed Agency Certification. |
| ☐ | ☐ | PTB has a final evaluator Verification page, signed by a qualified final evaluator, the final evaluator was the last evaluation record and evaluator's recommendation #1 is marked. |
| ☐ | ☐ | PTB is completely filled out including Names, information, initials, signature, and dates. |
| ☐ | ☐ | Trainee documents a minimum of one satisfactory ICS 225 performance evaluation on a wildfire with PTB. |
| ☐ | ☐ | PTB is current and completed within 5 years of the first evaluation, and currency was maintained. |
| ☐ | ☐ | Trainee documents experience in a minimum of two fuel types. |
| ☐ | ☐ | Trainee documents the minimum of two (2) wildfire evaluations, which provide adequate experience and time for the position being qualified for. |
| ☐ | ☐ | Trainee documents a minimum of two different evaluators. |
| ☐ | ☐ | No two evaluation records span the same time frame and every incident or event has its own evaluation record. |

**Please insure the applicant has completed the following requirements:**

☐ Qualified NWCG FFT2 (Basic Wildland)

☐ Completed NWCG FFTI/ICT5 PTB and it has been reviewed by the AHJ and meets the points outlined above

One of the following courses must be completed (check one):

☐ G-131 Crosswalk Course for FFI/ ICT5

☐ NWCG S-131

Note: Your submittal package must include three items; the completed Position Task Book, the Qualification Checklist, and a minimum of one satisfactory ICS 225 performance evaluation.

**Note: By signing below you are verifying the information above is correct and the applicant has completed all requirments.**

| Fire Dept. Representative Signature: | Title: | Date: |
|---|---|---|
| | | |