Date Received:	TIPMAS	<b>Λ</b> Τεχάς Α&Μ	Date Reviewed:
		TEXAS A&M Forest Service	
Applying For:		ite 1162, College Station, TX 77845-3424	Approval Level:
TIFMAS		-PTB2@tfs.tamu.edu	TIFMAS
National Name:	Wildiand Faller 3 (	(FAL3) Qualification Checklist Agency:	National
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 an approved final evaluator, the final evaluator was the			
last evaluation record and evaluator's recommendation #1 is marked. (Final Evaluator list can be found at			
TIFMAS.org). PTB is completely filled out including Names, information, initials, signature, and dates.			
Trainee has submitted a minimum of one satisfactory ICS 225 performance evaluation with PTB.			
PTB is current and completed within 5 years of the first evaluation, and currency was maintained.			
Trainee documents a minimum of two evaluation records with two different evaluators.			
Trainee documents the minimum of two (2) evaluations, which provide adequate experience and time for the position being qualified for.			
Trainee has included the cutting evaluation from the course.			
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)			
Complete a NWCG Basic Faller (FAL3) PTB and it has been reviewed by the AHJ and meets the points outlined above			
Completed NWCG S-212			
Trainee has complete a Saws refresher course every two years following the completion of S-212			
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	e Signature:	Title:	Date: