

GEORGIA FORESTRY
COMMISSION



Prescribed Burn Certification Affidavit

State of _____

County _____

I, (Name) _____

(Title) _____

being an Employee of

Company Name _____

am knowledgeable concerning the work experience and qualification of
Prescribed Burn Certification Applicant:

Applicant Name _____

do hereby declare that the Applicant qualifies for such certification by having met the
following requirements:

The Applicant:

1. has successfully completed a 2-day prescribed burn course
AND
2. has participated in a minimum of five prescribed burns as the person in charge of execution of the burns
AND
3. has at least two years experience using prescribed fire

Signature _____

Date _____

Course location _____

Course date _____