GEORGIA FORESTRY
COMMISSION

Prescribed Burn Certification Affidavit

State of _____ County _____

Name _____

Title _____

being an Employee of

Company Name _____

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

Applicant's Name _____

Applicant's Mailing Address _____

_____

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 _____