Driver Operator Certification

(Check-List)

Name: _____

(Last) (First) (Middle)

Social Security Number: _____ - _____ - _____

Subject:	Class	Date Completed:
Pump Classes:		
Introduction to Pumps	FIP-3610	
Basic Pump Operations	FIP-3611	
Pump Maintenance	FIP-3612	
Sprinkler & Standpipe	FIP-3613	
Pump Hydraulics	FIP-3614	
Service Testing	FIP-3615	
Water Supply	FIP-3616	
Aerial Classes:		
Introduction to Aerials	FIP-3617	
Basic Aerial Operations	FIP-3618	
Aerial Maintenance	FIP-3619	
Aerial Service Testing	FIP-3620	
Driving:		
Emergency Vehicle Driver	FIP-3601	