[ YOUR LOGO]

Date

ARTP College

Fire Tech Director

Re: Fire Fighter 1 State Required Instructional Psychomotor Skills Sheets Waiver

Address

City, CA 90000

To Whom It May Concern:

As the current Fire Chief for the (*Enter city, county, agency)* of (*Enter region, location*). I certify that (*Enter candidate name*) has completed all training and hours as found in the in the current State Fire Training Fire Fighter 1 Course Plan. I further attest they have thoroughly practiced and become proficient on all the skills identified in the State Fire Training Fire Fighter 1 Skill Sheets, and are fully prepared to take both the psychomotor and cognitive certification exams.

I understand that if the candidate fails the testing, they can retest and remediate pursuant to the State Fire Training Procedures Manual.

Respectfully,

**Fire Chief Signature**

Fire Chief Full Name

Fire Department