[ YOUR AGENCY/BUSINESS LOGO ]

Date

CAL FIRE – OSFM

State Fire Training

715 P Street 9th Floor

Sacramento, CA 95814

To Whom It May Concern:

I, (Person XXXX) am reapplying for the State-Certified Prescribed-Fire (CA-RX) Certification through the annual update process. I did not complete the required Continuing Education course for annual Recertification by the expiration date of XXXX, XX, XXX.

In accordance with the State Fire Training requirements, the following documentation of my prescribed-fire experience within the past 12 months is attached.

[ ]  Burn Plan(s)

[ ]  Incident Action Plans (IAPs)

[ ]  After-Action Review (AAR)

[ ]  Other verification (Approved Permits)

The required CA-RX competency was demonstrated, prescriptive objectives were addressed, all risk was mitigated, and safety was maintained. Please let me know if you have any questions regarding my application.

Respectfully,

*Signature*

Full Name