

RECORD OF HEAVY EQUIPMENT TRAINING

Name of employee/volunteer: _____ Station: _____

(To be completed by the Heavy Equipment Regional/CNO Coordinator.)

Type of training: Initial Refresher

Date trained: _____, 20__ Expiration date [+ 3 years]: _____, 20__

Classroom training segment: Passed Failed**

Road operating test: Passed Failed**

This person is qualified to operate the following types of motor vehicles or equipment: *(Write in types from list on FWS Form 3-2267):)*

Comments:

Name (*print*): _____ Signature: _____ Date: _____, 20__

Certified by: _____ Date last certified: _____, 20__