



# STATE FIRE TRAINING Lead Evaluator Application



## Identification

Applicants Name: \_\_\_\_\_

SFT ID Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Mobile): \_\_\_\_\_

Email: \_\_\_\_\_

## Application Requirements

Requirements	Checklist
1. Have completed the <i>Evaluator course</i> Must have completed the course within the previous 12 months	<input type="checkbox"/> Completed on: _____ (Attach a copy of course completion certificate)
2. Have completed the Evaluator Task Book	<b>*To be implemented at a future date *</b>
3. Current Registered Instructor with State Fire Training	<input type="checkbox"/> Instructor ID#: _____
4. Possess certification for all examinations for which you are seeking Lead Evaluator status	<input type="checkbox"/> Include copies of CFSTES position certifications (Only FF I at this time)
5. Demonstrate mastery in the subject matter	<input type="checkbox"/> Include a letter of verification* attesting to mastery of the subject matter and supervisory skills.
6. Possess supervisory skills sufficient to oversee the testing process & the capacity to objectively evaluate the performance of the candidates	<input type="checkbox"/> Include a letter of verification* attesting to meeting the supervisory <u>and</u> objective evaluation skills requirement.
7. Have a current signed Evaluator Code of Conduct document indicating an agreement to be fair and impartial during testing	<input type="checkbox"/> Include a signed copy of the SFT Evaluator Code of Conduct
8. Agree to abide by all SFT policies and procedures	<input type="checkbox"/> Initial: _____
* Letter shall be written on agency letterhead and signed by the administrator of the ARTP/ALA with which you are affiliated. All experience requirements requesting a letter of verification can be combined into one letter.	

## Evaluator Review

*I, the undersigned am the person applying for evaluator status. I hereby certify under penalty of perjury under the laws of the State of California that all statements made herein are true in every respect. I understand that misstatements, omissions of material facts, or falsification of information may be cause for denial.*

Applicants Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Submit

State Fire Training  
Attn: Certification Exam Coordinator, 1131 S Street, Sacramento CA 95811