



Maine Fire Service Institute & Southern Maine Community College

CERTIFICATION MANUAL

Revised February 2, 2024

AFFIDAVIT OF TRAINING COMPLETION

Program Name: _____ Date: _____

Training Program Start Date: _____ Training Program Completion Date: _____

Progress Charts Date to be Mailed: _____

This Affidavit **MUST** be submitted by the Program Coordinator two (2) weeks prior to any testing. A list of candidates to test **MUST** be attached. See the Fire Chief's/Program Coordinator's Permission to Participate Form.

I certify that _____ (Candidate Name) has completed the necessary training represented in the attached Progress Charts.

I attest to the best of my knowledge, the information and statements submitted in this document, its attachments and supporting documents are true and correct and that all responses to the questions are full and complete, omitting no material information. I understand that any misinformation or misrepresentation may result in the program candidate's dismissal from the certification process.

Program Coordinator Name: _____

Program Coordinator Signature: _____

Date: _____

For MFSI Office Use Only:

Processed by _____

Date _____



A department of SMCC with statewide responsibility for firefighting training and the legislative authority to issue certification

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