

Status/Check-In Recorder Qualified (SCKN Qualified)

Name: _____ Home Agency: _____

Requesting review by the Qualification Committee on: _____
(DATE)

SUBMIT THE FOLLOWING DOCUMENTATION:

Training Certificates:

*No additional training is required

Fire Experience:

Fire Experience Logs to show current fire experience

Position Task Book: Completion and Certification of the SCKN Task Book

SCKN Cover Sheet

Final Evaluator/ Agency Certification Page (both signatures required)

Submit all task book evaluations

Upload the required documents in IQS or send by email to: AzRedCards@dffm.az.gov

Send an email to AzRedCards@dffm.az.gov to have your name added to the agenda for the State Committee Meeting. The deadline is posted in the Local News section on the IQSweb login page. Attach your documents in IQS or email them with your request.