Safety Officer Type 1 Trainee (SOF1 Trainee)

Name: H	lome Agency:
Requesting Review by the Qualification	า Committee on:
	(DATE)
Current Qualification as SOF2 is requir	
SOF2 qualification was certifie	d on:
 SOF2 qualification was certified 	(MM/YY)
SUBMIT THE FOLLOWING DOCUMENTAT	<u>ION:</u>
Training Certificates:	
None - no additional training is required to in	nitiate
<u>Fire Experience:</u> At least 1 satisfactory ass initiate SOF1 task book. The assignment mus Rating (ICS 225)	ignment as a qualified SOF2 is required to t be documented on a Personnel Performance
☐ Fire Experience Logs through the end of la ☐ Fire Experience Logs that document assig ☐ Personnel Performance Rating (ICS-225)	nment(s) as a qualified SOF2
Position Task Book:	
☐ SOF1 Task Book Cover Sheet Issued by y date for your task book will be the date of	our Home Agency. If approved, the initiation f the committee meeting.
☐ 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.