Basic Faller Qualified
(FAL3 Qualified)

Name: _____ **Home Agency:** _____

SUMBIT THE FOLLOWING DOCUMENTATION:

Training Certificates:

☐ CPR/ First Aid (current)
☐ Blood Borne Pathogens (current)

OR

☐ EMT Basic or Medic issued by the AZ Department of Health (current)

*The use of the approved NWCG PTB for the FAL3 position is highly encouraged. However, agency-specific evaluation processes that document Completion and Certification of PTB can be used in lieu of the PTB if they meet or exceed the standard identified in the associated position task book.

Position Task Book: Completion and Certification of the FAL3 Task Book

☐ FAL3 Cover Sheet
☐ Final Evaluator/Agency Certification Page (both signatures required)
☐ Minimum of 3 task book evaluations (submit all evaluations if more than 3)
☐ Task Book evaluations are signed by at least 2 different evaluators

(All evaluators including the final evaluator must be qualified in the position they are evaluating)

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

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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.