

**VOLUNTEER FIREFIGHTER
AND RESCUE
EMERGENCY MEDICAL
SERVICES SQUAD
LIFETIME LICENSE
CERTIFICATION**



Volunteer Firefighter:

To qualify an individual must appear as a volunteer on the certified roster of eligible firefighters submitted to the **North Carolina State Firefighters' Association** under G.S.58-86-25 for five consecutive fiscal years including the prior fiscal year. The state fiscal year runs from July 1st to June 30th. This certification must be completed and signed by the Chief of the volunteer firefighter's current station, or a designee granted authorization by the station chief.

Volunteer Rescue and Emergency Medical Services Personnel:

To qualify an individual must appear as a volunteer on the certified roster of eligible rescue or emergency medical services squad members submitted to the **North Carolina Association of Rescue and Emergency Medical Services, Inc** under G.S. 58-86-30 for five consecutive fiscal years including the prior fiscal year. The state fiscal year runs from July 1st to June 30th. This certification must be completed and signed by the Chief of the volunteer's current squad, or a designee granted authorization by the Chief.

SECTION 1: Volunteer's Information:

Volunteer's Name: _____

First Middle Last

Address: _____

Street City State Zip Code

Telephone: (_____) _____ Date of Birth: _____

NCSFA or NCAREMS I.D.#: _____ Consecutive Years of Service: _____

SECTION 2: To be completed by Chief or designee

I certify, according to evidence of record, the above individual appears on the certified roster of eligible firefighters submitted to the North Carolina State Firefighters' Association, or the eligible rescue or emergency medical services squad members submitted to the North Carolina Association of Rescue and Emergency Medical Services, Inc as a volunteer for five consecutive fiscal years including the prior fiscal year, as required by G.S. 113-276 (o). I further understand that providing false information to obtain a license is a Class 1 misdemeanor (G.S. 113-276 (j)).

Station Name and Location

Name of Chief or designee (Typed or Printed)

Date: _____

Signature of Chief or designee