RECORD OF HEAVY EQUIPMENT TRAINING

Name of employee/volunteer:_____**Station:**_____

(To be completed by the Heavy Equipment Regional/CNO Coordinator.)

Type of training: ☐ **Initial** ☐ **Refresher**

Date trained: _____, 20___ **Expiration date [+ 3 years]:** _____, 20___

Classroom training segment: ☐ **Passed** ☐ **Failed****

Road operating test: ☐ **Passed** ☐ **Failed****

This person is qualified to operate the following types of motor vehicles or equipment: ***(Write in types from list on FWS Form 3-2267):)***

_____ _____ _____

_____ _____ _____

Comments:

Name ***(print)*****:** _____ **Signature:** _____ **Date:** _____, 20___

Certified by: _____ **Date last certified:** _____, 20___

Name of Instructor:

Address: