



San Bernardino Regional Emergency Training Center
2235 East Perimeter Road
San Bernardino, CA 92408-0216

EMPLOYER STATEMENT:

_____, is considered on duty and fully covered by Insurance and Workman's Compensation. This training shall be considered department authorized. I further certify this employee as fully physically fit and capable of performing fire fighting duties as required during the practical portions of the live fire training, performance training, and certifications.

Department

Date

Supervisor/Chief