Agency Authorization to Take a Course

(Submit the completed form at the first class)

| I authorize | (employee name) to attend the |
|--|--|
| (one | of the listed courses: Fire Instructor I, Instructor |
| II, Fire Officer I, Fire Officer II, Fire Offi | cer III, Fire Officer IV) course offered at one the |
| locations presented by Fire Science Or | nline. |
| | |
| Certifying Official's Signature | Date |
| Certifying Official's Printed Name | GFSTC ID |