**ADDITIONAL PERSONNEL ROSTER for CHIEF’S CERTIFICATION**

**NOTE: This is not valid unless attached to DNRC Chief’s Certification for LGFF Form**

**and is applicable for the following positions only: ENOP, ENGB, FFT1, FFT2 and WTOP.**

The following individuals listed meet all of the legal qualification requirements for the position(s) listed, in accordance with Northern Rockies Coordinating Group (NRCG) Supplements of the Standards for Interagency Incident Business Management (SIIBM), and operators possess either a commercial driver’s license (CDL) **or** have the knowledge, skills and abilities to operate the type and class of equipment listed above, as referenced in the SIIBM. All personnel shall be rostered members of a fire department in which the signing chief can attest to their qualifications.

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| **Rostered Personnel****(Last Name/First Name)** | **Equipment Qualified to Operate** | **Fireline Qualifications** |
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*I certify that I have examined the identity and employment authorization documents presented by the above-named rostered personnel. The presented documents appear to be genuine and to relate to the personnel named, and to the best of my knowledge the personnel are authorized to work in the United States.*

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| **Witness Signature:** | **Fire Chief Signature:** |
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| **Name and Title (Printed):** | **Fire Chief Name (Printed):** |
|  |  |
| **Date:** | **Date:** | **FDID No**. |