

# STAFFORD COUNTY FIRE & RESCUE DEPARTMENT

## EMERGENCY VEHICLE OPERATORS COURSE

### CANDIDATE OPERATOR AFFIDAVIT

Candidate Name: \_\_\_\_\_

Date: \_\_\_\_\_

This affidavit acknowledges that the above named Candidate has conducted a **minimum of 2 hours** of drive/vehicle operation time in the below indicated vehicle class, with a released apparatus mentor. The Candidate must possess the basic ability to operate (start/stop engine; engage transmission; engage air brake; etc.) the apparatus on roadways throughout the County. The Candidate does not need to possess the ability to operate fire pumps, aerial ladders, or any equipment attached to or part of the apparatus.

The Mentor that is responsible for the Candidates drive/vehicle operation time must be released to operate the specific apparatus.

**Check appropriate class/classes that the candidate operated for a minimum of 2 hours:**

\_\_\_\_\_ **Class 1 – (0 – 10,000 Pounds)**

\_\_\_\_\_ **Class 2 – (10,001 – 26,000 Pounds)**

\_\_\_\_\_ **Class 3 – (26,001 + Pounds)**

By signing this document the Station Chief validates that the candidate possesses the ability to safely operate each vehicle class indicated.

Released Apparatus Operator Name: \_\_\_\_\_ Date: \_\_\_\_\_

Station Chief or Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fire or Rescue Station: \_\_\_\_\_

*This form must be completed and submitted to the EVOC instructor on the FIRST day of EVOC class.*

Received/Reviewed By:

(Fire/Rescue Training Staff Only)