



Franklin County Dept. of Public Safety

1488 Franklin St, Rocky Mt. VA 24151
 Phone: 540-483-3091 or Fax: 540-483-3086

Change of Certification Status Form

PLEASE PRINT

Name: _____

Agency: _____

Please complete the below section when certification has been completed or if certification is downgraded.

| PREVIOUS CERTIFICATION: | CURRENT CERTIFICATION: | |
|--|---|-----------------|
| Training: | Training: | Date of Change: |
| <input type="checkbox"/> No Training | <input type="checkbox"/> No Training | |
| <input type="checkbox"/> EMT-B | <input type="checkbox"/> EMT-B | |
| <input type="checkbox"/> EMT-E | <input type="checkbox"/> EMT-E | |
| <input type="checkbox"/> EMT-I | <input type="checkbox"/> EMT-I | |
| <input type="checkbox"/> EMT-P | <input type="checkbox"/> EMT-P | |
| <input type="checkbox"/> FFI | <input type="checkbox"/> FFI | |
| <input type="checkbox"/> FFII | <input type="checkbox"/> FFII | |
| <input type="checkbox"/> Instructor I | <input type="checkbox"/> Instructor I | |
| <input type="checkbox"/> Instructor II | <input type="checkbox"/> Instructor II | |
| <input type="checkbox"/> EVOC | <input type="checkbox"/> EVOC | |
| | <input type="checkbox"/> Copy of Certificate Attached | |

Signature: _____

Date: _____

****PLEASE FORWARD TO PUBLIC SAFETY ADMINISTRATION AT THE ABOVE ADDRESS OR FAX NUMBER.**

| For Office Use Only: | | |
|-------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> AS 1 | <input type="checkbox"/> PS 3 | <input type="checkbox"/> PS 7 |