IAAI CERTIFIED FIRE INVESTIGATOR

RECERTIFICATION APPLICATION

Certification #

_____

Expiration Date

_____

PLEASE PRINT

Name: _____

Address: _____
Street

_____
City State Zip code

Phone Number: (Business) (Home) _____

Applicable Item from Point Guidelines Sheet	Description	Points Claimed Per Item A Training	B Experience	C Education
	Total Columns			

Attach Documentation IN ORDER as listed Above!!!

Signature _____ Date _____

Point Total (sum columns A,B,C)
Note 20 pts must be from Training _____