

MERCER COUNTY FIRE PROTECTION DISTRICT

ANNUAL DRIVER CERTIFICATION

Firefighter Full Name	Firefighter Unit Number	Date of Birth
Home Address	City	State Zip
Home Phone	Work Phone	Cell Phone
KY Driver's License Number	Date Issued	Date Expires
Make, Model and Year of Vehicle FF will be using on Emergency Runs		

Annual Vehicle Checkoff by District Chief or Designee

_____ Flashing, Rotating or Oscillating Red Light Visible from the front and rear of the vehicle under normal conditions.

_____ Electronic Siren Audible 500 feet from the front of the vehicle under normal conditions.

_____ Firefighter Completed a minimum of a 4-Hour Driver's Course (VFIS, KCTCS or Equivalent)

Date and Location of Course: _____

_____ Firefighter presented proof of insurance on vehicle listed above, current to the date of the inspection.

_____ YES _____ NO Has the Firefighter received a conviction within the past 3 years for any of the following? 1) Speeding more than 15 MPH above the posted speed limit or 2) Reckless Driving?

_____ YES _____ NO Has the Firefighter received a conviction within the past 5 years for (DUI) Driving while Under the Influence or any other alcohol-related driving event?

I certify that the above information is true and accurate to the best of my knowledge. I further acknowledge that knowingly supplying false information to the above questions will be cause for automatic dismissal from the Mercer County Fire Protection District.

Firefighter Signature

Date

District Chief Signature

Date