

**ALABAMA FORESTRY COMMISSION
APPLICATION FOR
PRESCRIBED BURN MANAGER CERTIFICATION**

**Required for Processing.*

*Name: _____ Date: _____
 First Middle Last

*Address: _____ *Telephone Home: _____
 _____ Telephone Other: _____

*E-mail Address: _____

Employer: _____

Employer Address: _____

Employer Telephone: _____

*Prescribed Burning Certification Training: (Attach proof of attendance)

Course: _____ Date: _____

Location: _____

Instructor: _____ Contact Hours: _____

Attach proof of required training, \$50 processing fee (non-refundable), if class is a non-sponsored AFC course or taken prior to July 2014, and mail to:

*Alabama Forestry Commission
Attn: Prescribed Burn Certification Program
P.O. Box 302550
Montgomery, AL 36130-2550*

"I certify that the above information is accurate and complete to the best of my knowledge"

*Applicant (signed)

Approved by AFC

Date