

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

**Required for Processing.*

*Name: _____ Date: _____
 First Middle Last

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

*E-mail Address: _____

Employer: _____

Employer Address: _____

Employer Telephone: _____

*Prescribed Burning Re-Certification Training: (Required: 6 contact hours within 5 years)
(Attach proof of attendance)

Course: _____ Date: _____
Sponsor: _____ Contact Hours: _____

Course: _____ Date: _____
Sponsor: _____ Contact Hours: _____

Course: _____ Date: _____
Sponsor: _____ 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