

# CWMS Practicum Phase Verification Form



## NFPA Certified Wildfire Mitigation Specialist Program

Applicant Name: \_\_\_\_\_

Date of Assessment: \_\_\_\_\_ Property address: \_\_\_\_\_

The National Fire Protection Association administers the NFPA Certified Wildfire Mitigation Specialist program. As part of this program, applicants are required to complete practical exercises. The above named applicant must provide verification that four home assessments were conducted as part of the certification program requirements.

You are asked to attest that the above referenced assessment was conducted by the above referenced individual. You are not asked to verify the accuracy of the assessment or report, as this is only an exercise for a certification program.

By signing below, you are providing the requisite verification that the above named applicant conducted a home assessment for the identified property.

Name (print): \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Zip/Country Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Copy as needed and submit with the corresponding home assessment*