



DIVISION OF FIRE AND RESCUE SERVICES
MONTGOMERY COUNTY, MARYLAND

MEMORANDUM

Date: _____

TO: Whom It May Concern

FROM: Name: _____
Rank: _____

SUBJECT: Certification of Driver's Qualifications

This memorandum certifies that Firefighter/Rescuer _____,
assigned to station _____ has been qualified to drive and operate fire and rescue
apparatus known as Engine _____, Truck _____, Tower _____, or
Rescue Squad _____. I further certify that to operate this apparatus a Maryland
Class "B" Operator's License or equivalent is required.

This certification is effective _____.

Name and Rank of DFRS Certifying Official

Date