

DIVISION OF FIRE AND RESCUE SERVICES MONTGOMERY COUNTY, MARYLAND

MEMORANDUM

Date:_____

TO: Whom It May Concern

FROM: Name:_____ Rank:_____

SUBJECT: Certification to be an Aide on a Basic Life Support Unit in Montgomery County

This memorandum certifies that Firefighter/Rescuer _____,

assigned to station _____ has been qualified to perform as an aide on a

Montgomery County Basic Life Support Unit known as Ambulance _____.

This certification is effective _____.

Name and Rank of DFRS Certifying Official

Date