## **ILLINOIS STATE BOARD OF EDUCATION**

School Business and Support Services Division 100 North First Street, N-330 Springfield, Illinois 62777-0001

## FIRE CODE TRAINING AND EXPERIENCE FORM

Directions: Check appropriate box and submit at least one of the fol	lowing:	
Evidence of licensure as a design professional or a structure	al engineer, <i>or</i>	
Evidence that the individual holds a bachelor's degree in training or experience in one of those fields or project mana		ruction with at least 1,000 hours of
Evidence that the individuals holds a bachelor's degree in <b>2,000</b> hours of training or experience in architecture, engine		
Written certification of at least 4,000 hours of training or maintenance of commercial buildings for compliance with a		inspection, design, construction, or
EMPLOYER NAME	JOB TITLE	
ADDDECC (Chroat City Clate 7in Code)	DATES OF	
ADDRESS (Street, City, State, Zip Code)	EMPLOYMENTtoto	
	mm/yyyy mm/yyyy  BUSINESS TELEPHONE (Include Area Code)	
DUTIES AND RESPONSIBILITIES	PROJECT NAME	NUMBER OF HOURS
EMPLOYER NAME	JOB TITLE	
ADDRESS (Street, City, State, Zip Code)	DATES OF EMPLOYMENT to mm/yyyy	
	BUSINESS TELEPHONE (Include Area Code)	
DUTIES AND RESPONSIBILITIES	PROJECT NAME	NUMBER OF HOURS
hereby certify that the information submitted above is true and	d valid and I understand that the	State Superintendent may deny or
evoke my approval for falsifying information.		or the same of the
gnature of Applicant: Date:		