



National Wildfire Suppression Association

Request for Transfer of Employees Training Records

I, _____, Social security No. _____,
request that you send all copies of my training file to:

Company Name:

Company Address:

City, State, Zip

Fax:

Phone:

I will be working for this company as of _____.

Please fax these records ASAP to the above fax number.

Thank you,

Employee Signature

