

BURNER CERTIFICATION CHECKOFF SHEET

BURNER Name: _____
Address: _____
Business Address: _____
Email Address: _____
County: _____
Phone: _____
NC Forest Service Employee: Yes No If yes, what District: _____

1. Date and location of Prescribed Burn School successfully attended:

2. Date and location of abbreviated school if answer to #1 was not a Division of Forest Resources school:

3. Burn Observation:
- a. Burn plan attached: Yes No
 - b. Are the following items on the burn plan:
 - 1. Landowner name and address: Yes No
 - 2. Description of burn area: Yes No
 - 3. Map of burn area: Yes No
 - 4. Estimate of fuel tonnage: Yes No
 - 5. Objectives of burn: Yes No
 - 6. Acceptable weather parameters: Yes No
 - 7. Name of certified burner: Yes No
 - 8. Summary of methods to start, control and extinguish: Yes No
 - 9. Provision of notice for nearby persons: Yes No
 - c. Weather parameters acceptable: Yes No
 - d. Acceptable manpower and equipment available: Yes No
 - e. Burn execution acceptable: Yes No
 - f. Mop-up plan acceptable: Yes No

4. Burn observed by: Signature _____
Printed name: _____
NC Certified Burner #: _____

I hereby recommend that _____
be certified as a prescribed burner under the NC Prescribed Burning Act on this date: _____

Comments: _____

Mail to: Gail Bledsoe, Fire Chief
NCDA&CS
1616 Mail Service Center
Raleigh, NC 27699-1600