



**OFFICE OF STATE
FIRE MARSHAL**
NC DEPARTMENT OF INSURANCE

**North Carolina Fire and Rescue Commission
Instructor/Proctor Agreement
(PLEASE PRINT)**

Instructor Full Name: _____

Last 4 digits of SSN: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Secondary Phone: _____

Email address: _____

(This will be used for notifications and certificate distribution)

County of Residence: _____

Department or Agency: _____

I agree to comply with all North Carolina Fire and Rescue Commission Policies and Procedures during the delivery and testing of the North Carolina Fire and Rescue Certification Programs as established by the North Carolina Fire and Rescue Commission.

Instructor/Proctor Signature

Date