

Molalla District Document Substitution Form



**Molalla Fire District
PO Box 655 – 320 N Molalla Ave
Molalla, OR 97038**

Candidate Name: _____

Agency: _____

Training Officer: _____

Qualification: _____

To whom it may concern:

In lieu of a final certified document, this letter acknowledges that the above candidate has completed all training, testing, and any other required steps to obtain the above qualification. Proper documentation was submitted to the certifying agency for processing on

_____.
(Month, Day, Year)

By signing below, you acknowledge that all the information on this form is true.

Training Officer Signature

Date

Candidate Signature

Date