



CO EXAM RETURN REPORT

STATE OF ALASKA
DEPARTMENT of PUBLIC SAFETY
FIRE STANDARDS COUNCIL

DATE: _____

FROM:

TO: Dept of Public Safety
Fire Standards Council
5700 E. Tudor Road
Anchorage, Alaska 99507

Dear Fire Standards Council Staff:

Enclosed are _____ completed applications for certification. The examination followed a course taught for _____ by _____.
Organization/Agency *Lead Instructor/TEB*

The examination was conducted on the following date(s): _____ and/or _____.
Written Test Date *Practical Test Date*

The final examinations for this class were conducted at: _____.
Final Exam Test Site

You can contact me at _____ if you have any questions.
Phone

This packet includes the following:

- Test Binders _____
Total
- Completed Applications _____
Total
- Evaluator Code of Ethics Compliance Agreements
- Written Exam **Scantron** Answer Sheets
- Training Officer Survey Form (*If complete*)
- Practical Examination Reporting Form
- Certifying Officer Survey Form (*Attach additional comments as necessary*)
- Completed AFSC Test Site Student Roster
- Test Fee Included in Packet Types:
- Hazardous Materials Exam **Scantron** Answer Sheets (*if applicable*)
- | Cash | Check | Other _____
- Hazardous Materials **Completed Practical Tabletop Skill Sheets** (*if applicable*)
- | PO # _____

- Completed/Signed Contractor Pay Document
- CO Trainee Step Form (A or B- *if used*)

Hotel/Travel Receipts
(Both above forms can be sent separate from return tote: expect reimbursement delays if returned separately)

Sincerely,

Certifying Officer Signature

Date