# Wildland Fire Module Certification Review Checklist

This form documents the certification process needed to qualify as a Wildland Fire Module (WFM).

| WFM Name: |  |  |  |  |
| --- | --- | --- | --- | --- |
| WFM Address: |  |  |  |  |
| Home Unit: |  |  | Phone: |  |
| WFM Leader Name: |  |  | Phone: |  |
| Assistant WFM Leader Name: |  |  | Phone: |  |
| Location of Review: |  |  | Date: |  |

## Certification Review Checklist

| **Elements** | Meets WFM Standards **Yes or No** | **Comments** |
| --- | --- | --- |
| Qualifications meet WFM minimum standards (8.3) |  |  |
| Equipment meets WFM standards (7.7) |  |  |
| Functional Area A – Program Management  |  |  |
| Functional Area B – Organization  |  |  |
| Functional Area C – Safety and Training  |  |  |
| Functional Area D – Vehicle and Equipment  |  |  |
| Functional Area E – Facilities  |  |  |
| Functional Area F – Proficiency Checks |  |  |
| **Recommended for Type 1 or Type 2 Wildland Fire Module certification** |  |  |

## Signatures of Certification Review Team

| Certification Team Lead: |  |  |  |
| --- | --- | --- | --- |
|  | Signature and Title |  | Date |
| Reviewing Official: |  |  |  |
|  | Signature and Title |  | Date |
| Reviewing Official: |  |  |  |
|  | Signature and Title |  | Date |
| **Approved By:** |  |  |  |
| **Geographic Area Operations Committee:** |  |  |  |
|  | Signature |  | Date |

Geographic Area Operations Committee will notify the home unit/agency, the module, and the Geographic Area Coordinating Group (GACG) that the module has been certified.

The certification letter along with the completed WFM Certification Review Checklist will be forwarded by the GACG to the NWCG Executive Secretary (BLM\_FA\_NWCG\_Executive\_Secretary@blm.gov) who will distribute to the NWCG Fuels Management Committee Chair, Fire Use Subcommittee Chair, and Wildland Fire Module Chair in order to update the national roster for all certified WFMs.