



**DEPARTMENT OF FINANCIAL SERVICES**

*Division of State Fire Marshal  
Bureau of Fire Standards and Training*

**AIRCRAFT RESCUE AND FIRE FIGHTING (ARFF) DRIVER TASK BOOK**

**Please type or print legibly.**

**PURPOSE OF THIS TASK BOOK:** This task book is an evaluative tool designed to document that a candidate for an ARFF Driver certification has demonstrated certain requisite skills necessary to meet a specific National Fire Protection Association (NFPA) 1002 (2017 Edition) job performance requirement. Selected skill objectives in this task book are a supplement to the student learning outcomes and objectives met by successfully completing the ARFF Driver program curriculum. This form is incorporated by reference in Rule 67A-37.039, Florida Administrative Code (F.A.C.), and can be obtained via the Department’s website at: <https://myfloridacfo.com/division/sfm/bfst/>.

**EXPECTATION OF CANDIDATE:** The ARFF Driver candidate is solely responsible for the maintenance, completion, and submission of this task book and filling out the contact information below.

NAME: LAST	FIRST	MI	DATE OF BIRTH
HOME ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS	PHONE NUMBER	FCDICE STUDENT ID NUMBER	
DATE TASK BOOK INITIATED	DATE TASK BOOK COMPLETED		

**EXPECTATIONS OF EVALUATOR:** The evaluator is a direct supervisor, training officer, or person designated by a Fire Chief or Agency Head who is responsible for overseeing the performance or activity of the candidate. The evaluator must be a Florida Certified ARFF Driver and Florida Certified Instructor. The evaluator must document first-hand observation of the requisite skills of a candidate and attest by signature when task(s) has been demonstrated. The evaluator’s signature and Instructor ID number must be on this form. Upon a candidate’s written request to the Bureau’s Standards Section Supervisor, the Division shall designate an alternate evaluator independent of the candidate’s employing Fire Service Provider. This alternate evaluator must be a Florida Certified ARFF Driver and Florida Certified Instructor.

<b>ARFF DRIVER</b>			
<b>General Reference to NFPA 1002 Standard</b>	<b>Evaluator Signature (Print &amp; Sign Name)</b>	<b>Instructor ID Number</b>	<b>Date</b>
<b>Safety and Maintenance</b>			
Demonstrated the ability to effectively utilize safety equipment and hand tools to test, inspect, and service agency-specific ARFF units in order to correct deficiencies.			
<b>Fire Suppression / Operations</b>			
Demonstrated the ability to effectively maneuver agency-specific ARFF units in compliance with state and local laws and agency policies.			
Demonstrated the ability to effectively maneuver agency-specific ARFF units off of an improved surface in compliance with state and local laws and agency policies			
Demonstrated the ability to effectively maneuver and position agency-specific ARFF units into a correct operational position to initiate fire suppression activities.			

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Demonstrated the ability to effectively establish an effective fire suppression stream utilizing agency-specific ARFF units in support of fire suppression and rescue activities.			
<b>ATTESTATION:</b> I hereby declare that I have read the foregoing and the information contained in this document is, to the best of my knowledge, true and correct. I understand that falsification of this document is subject to penalty and is cause to deny or revoke this certification.			
Signature of Candidate: _____		Date: _____	
Printed Name of Fire Chief, Agency Head, or Designee: _____			
Signature: _____		Date: _____	