



The National Wildfire Suppression Association  
*preserving and protecting our environment*

---

## NWSA Certified Instructor Informational Data

Please print all information below, except for legal signature.

Full Name: \_\_\_\_\_

Legal Signature: \_\_\_\_\_

Company Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Please put a check next to your instructor status:

Your Company Only \_\_\_\_\_

Your Company & Other Contractors \_\_\_\_\_

Other Contract Companies \_\_\_\_\_

Date: \_\_\_\_\_