

**PRESCRIBED BURN
CERTIFICATION AFFIDAVIT**

State of _____

County _____

I, (name) _____

(title) _____

Being an employee of (company name) _____

_____ am knowledgeable concerning the work experience and qualifications of Prescribed Burn Certification applicant (applicant name)

_____ do hereby declare that the applicant qualifies for such certification and testing by having met the following requirements:

The applicant:

1. has participated in a minimum of five prescribed burns as the person in charge of execution of the burns **AND**
2. has either two years experience working in the field of forestry or related field OR has completed attendance at a university sponsored continuing education prescribed burn course.

Signature _____

Date _____

Non-profit Organization
U.S. Postage Paid
Permit #10
Columbus, Georgia 31908

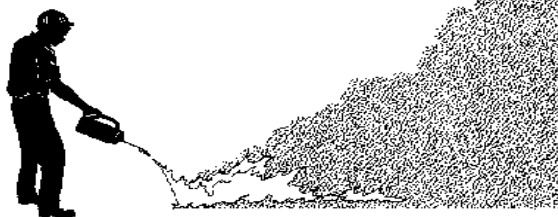
**Prescribed Burn
Manager
Certification
Program**

July 20 & 21, 2010

The University of Georgia
Tifton Campus Conference Center
Tifton, Georgia

Sponsored by:

**Georgia Forestry
Commission**



Purpose:

The 1992 Georgia Legislature passed the Prescribed Burning Act which allowed the Georgia Forestry Commission to promulgate a Prescribed Burn Manager Certification Program. Although certification is not required to practice prescribed burning in Georgia, the program is offered in the interest of higher learning and achievement for qualified prescribed burn practitioners.

Certification includes self study of materials provided by mail prior to the program, followed by a two-day training session and a written test. Applicants scoring 70% or better on this test will receive a numbered certificate. Certification is good for a five-year period from the date the certificate is issued.

Designed For:

Prescribed burning managers. Applicants to be successfully certified must have been in charge of five prescribed burns **and** have two years work experience in a forestry related field or have completed a university-sponsored prescribed burn course. See **required** affidavit.

.....
The AGENDA will include:

- Registration - 7:45-8:00**
- Fire Weather
- Firing Techniques
- The Written Plan
- GA's Weather Forecast
- Smoke Management
- Public Relations
- Safety
- Regulations
- Certification Testing

Registration Fee:

The registration fee of \$75 includes instruction, study manual, planned lunch, refreshment breaks and numbered certificate for those who pass certification.

Paid registration must be received by July 9, 2010 to guarantee a place in the course and to allow pre-mailing of study materials.

How to Register:

Online at www.ugatiftonconference.org or
Mail your registration form with payment to: **The UGA Tifton Campus Conference Center, P. O. Box 1209, Tifton, GA 31793** no later than July 9, 2010..
Payment must accompany registration, therefore, registration cannot be done by phone.
Please include the pre-requisite affidavit with the registration. Affidavit is not required to attend session, but is required to become certified.

For Additional Information:

Contact Neil Edmondson, program coordinator, at 478-751-3332. For registration questions, contact Renae Woods at 229-386-3416

Continuing Education Credits:

This course will provide 12 hours of Category I Continuing Forestry Education (CFE) as recognized by the Society of American Foresters and the Georgia State Board of Registration for Foresters.

Cancellations:

If you must cancel, please notify Renae Woods by July 9, 2010 and we will refund your registration fee, less a \$15 cancellation fee. No refunds can be made after this date.

Location:

The University of Georgia Tifton Campus Conference Center, 15 RDC Road, Tifton,, Georgia. The Center is located at the crossroads of I-75 (Exit 64) and Hwy 41N. For directions, call (229) 386-3416.

REGISTRATION FORM

***PRESCRIBED BURN MANAGER
CERTIFICATION PROGRAM***

July 20 & 21, 2010
Tifton, Georgia

**Registration Fee: \$75
Registration Deadline: July 9**

Name_____

Address_____

City_____State_____Zip_____

Business Name_____

Business Address_____

Home Phone_____

Business Phone_____

_____ Registration Fee \$75

Please make checks payable to:
UGA TCCC/Prescribed Burn

___VS___MC___AX___DS Exp. Date_____

Credit Card #_____

Signature_____

Mail completed form with payment to:
**The UGA Tifton Campus
Conference Center
P. O. Box 1209
Tifton, GA 31793**