



Office of the Fire Commissioner  
Manitoba Emergency Services College



**CERTIFIED INSTRUCTOR STATUS (Gold Seal)**  
(Please ensure this information is legible or the form will be returned)

\_\_\_\_\_  
Instructor's Name (Please Print)

I \_\_\_\_\_ attest to the fact that the above  
**FIRE Chief or EMS Manager's Name (Please Print)**

Instructor has been involved in instructional activities with \_\_\_\_\_  
**Emergency Services Department Name**

For more than one year and that the Instructor activities and skills meet the standards set by the  
Manitoba Emergency Services College for the Province of Manitoba.

\_\_\_\_\_  
Fire Chief or EMS Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Education Development Officer Signature

\_\_\_\_\_  
Date

**Note: This form must have the name of the Fire Chief or EMS Manager printed  
and the signature or the form will be returned to the applicant.**

**PLEASE PHOTOCOPY FOR ADMINISTRATIVE USE**