

UNDERSTANDING:

I certify that I have read and that I understand the NFPA 1582 Standard on Comprehensive Occupational Medical Program for Fire Departments. If employed by the Town of Wytheville, I agree to abide by and comply with such NFPA 1582 Standard.

APPLICANT'S NAME (Please print)

Applicant's Signature

Date

WITNESS NAME (Please print): _____

(Witness Address): _____

Witness Signature

Date

Copy Received With Application ____