

# **Sonoma County**

## **Training Officers Association AB1648 Policy**

### **AB 1648 Policy Revision Date: 06/12/2012**

#### **Purpose**

The State of California has adopted Assembly Bill AB1648, which took effect January 01, 2011. This bill pertains to the California Firefighter Driving License or Firefighter Endorsement. The bill allows county training officers associations to set criteria for approving individuals from departments within an operational area to be trainers for the California Firefighter Driver License program. The Sonoma County Training Officers Association (SCTOA), in conjunction with the Sonoma County Fire Chiefs Association (SCFCA), have developed standards and a peer review process for authorizing individuals to become trainers for the program. The procedures for this process are outlined in the following information.

**An individual currently registered with the Office of the State Fire Marshal to instruct Driver Operator IA is not required to utilize this process.**

#### **Criteria:**

All applicants must meet the criteria established by the SCTOA.

1. Have a minimum of five years of fire service experience as an emergency vehicle operator, three of which must be at the rank of Engineer or Captain
2. Possess a valid California Class A or B commercial license or a Class A or B license restricted to the operation of firefighting equipment
3. Fulfill one of the following:
  - a. Have completed the National Fire Academy Training Ops for Small Departments
  - b. Be a previous DL170 Approved Instructor
  - c. Be State Fire Marshal Instructor IA
  - d. Have documented proof that NFPA 1041 Instructor I criteria is being utilized

#### **Submission Process**

All applicants must submit a packet to the SCTOA committee for a peer review to validate training standards. The SCTOA, at a regularly scheduled meeting, will review applications submitted at or prior to the meeting. Applications must be thorough and complete when submitted for review.

**The submission packet will include the following:**

- ❖ Completed Application
- ❖ Original letter on Department letterhead signed by the Fire Chief with the following information:
  - **Applicants name and department rank**
  - **Description of experience as an emergency vehicle operator**
  - **Type of license possessed**
- ❖ Copy of current driver license
- ❖ Course certifications

**Peer Review Process**

The Training Officers, sitting as the Peer Review Committee for the purpose of AB1648 approval, will recommend whether the individual should be approved or denied based on the content of the application packet. The information provided will be evaluated to validate if the individual meets the established criteria.

A letter of approval or denial will be sent to the individual and the Fire Chief. A denial letter will include a short description of the reason for being denied.

**Appeal Process**

An appeal of a denial for eligibility for certification may be made using the following procedure:

- ❖ An appeal shall be submitted in writing to the Secretary of the SCFCA no later than 30 days after notification of initial review and denial. Appeals must contain (at a minimum) a description of the reason and/or circumstances leading to the appeal, supporting documentation, and the desired outcome.
- ❖ The SCFCA shall render a decision in writing within 30 days of the receipt of an appeal.
- ❖ The decision of the SCFCA shall be final.

**Documentation**

The SCTOA will return copies of applications for documentation and accountability to the applicants' agency for retention.

The SCTOA will retain a list of individuals who have been approved and meet the criteria for teaching the Firefighter Driving License program AB1648.

Individuals approved by the SCTOA only have to submit once as long as the requirements are maintained.

A sample application packet is attached as an example.

REQUIREMENTS FOR **AB1648 INSTRUCTOR CERTIFICATION** THROUGH THE SONOMA COUNTY TRAINING OFFICERS ASSOCIATION (SCTOA)

Applicant \_\_\_\_\_ Date \_\_\_\_\_

**REQUIRED**

- Possesses a valid California Class A or B commercial license or Class A or B license restricted to the operation of firefighting equipment.

**REQUIRED EXPERIENCE**

- Has a minimum of five years of fire service experience as an emergency vehicle operator, a minimum of three of which must be at the rank of engineer or captain.

**ONE OF THE FOLLOWING CERTIFICATIONS LISTED BELOW MUST BE PROVIDED TO SUPPORT DEVELOPMENT OF KNOWLEDGE AND SKILLS**

- National Fire Academy Training Ops for Small Departments

Or

- Previous Approved DL170 Instructor

Or

- State Fire Marshal Instructor IA

Or

- NFPA 1041 Instructor I

- The applicant must submit written documentation clearly outlining how they meet the requirements found in NFPA 1041

**DETERMINATION OF SCTOA**

- Individual meets the requirements set forth by the SCTOA
- Individual does **not** meet the requirements set forth by the SCTOA

Signature of reviewer: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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## CRITERIA

All applicants must meet the criteria established by the SCTOA outlined below.

- ❖ Have a minimum of five years of fire service experience as an emergency vehicle operator, a minimum of three of which must be at the rank of engineer or captain.
- ❖ Verifying official **MUST** verify requirements are true and correct, utilizing the Application Form.
- ❖ Verifying official **MUST** verify experience for the position utilizing the Application-Experience page.
- ❖ All applicants **MUST provide** record of pertinent training courses for the applied for position, utilizing the Application-Training page.

## HOW TO APPLY

Applications must include:

1. Completed Application Form with appropriate signatures.
2. Completed Experience page.
3. Completed Training page **with attached copies of appropriate course completion certificates.**
4. An original letter on Department letterhead and signed by the Fire Chief (or designee), describing the applicant's specific background as it relates to the occupational experience requirement, must be included.

### Application Form – AB1648 Instructor Certification

Name\_\_\_\_\_

Agency\_\_\_\_\_

Address\_\_\_\_\_

Phone Number\_\_\_\_\_

E-Mail address\_\_\_\_\_

Rank and Working Title\_\_\_\_\_

Signature of Applicant\_\_\_\_\_

Date\_\_\_\_\_

I verify that the applicant meets all the certification and qualification requirements, as outlined in the Sonoma County Training Officers AB 1648 S.O.G. for the applied for position.

Verifying Official Signature, Title, and Date

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Use separate sheet to document experience.