



**FIRE PROTECTION BUREAU
 PROFESSIONAL DEVELOPMENT AND RESPONSE SECTION
 PO Box 42600
 Olympia WA 98504-2600
 (360) 596-3945 FAX: (360) 596-3936**



EMERGENCY VEHICLE ACCIDENT PREVENTION (EVAP) VERIFICATION

This is to acknowledge your participation in the EVAP program in Washington State. If you have any questions, contact the Professional Development and Response Section by mail, phone, or fax (see contact information above).

Department Name _____ FDID # _____

Chief's Name _____

Mailing Address _____

Phone Number () _____ E-mail Address _____

Driver Training Officer(s) _____

There are currently three training programs for emergency vehicle accident prevention that are approved by the Department of Licensing and accredited by the Office of the State Fire Marshal. The use of one of the accredited programs will meet the intent of the EVAP standard and the Department of Licensing requirements for exemption of CDL (commercial driver's license). Please select the program listed below for use in your department. This form will be kept on file in the Professional Development and Response Section of the Fire Protection Bureau.

Verification of Program Chosen by Fire Chief

I have chosen to use the following EVAP program for certification of personnel in my department:

Emergency Vehicle Accident Prevention Program	Date of Implementation	Washington State Standard
Washington State Association of Fire Chiefs, Inc. Accredited EVIP (Emergency Vehicle Incident Prevention) training course		EVIP <input type="checkbox"/>
Volunteer Fire Insurance Subsidiary (VFIS)		EVAP <input type="checkbox"/>
International Academy of Professional Driving (IAPD)		EVAP <input type="checkbox"/>

 Chief's Signature

 Date