

NATIONAL ASSOCIATION OF FIRE INVESTIGATORS

4900 Manatee Ave. West, Suite 104, Bradenton, FL 34209 1-877-506-NAFI 1-941-242-2323

Application for Removal of Provisional

Date:	
Name:	NAFI Number:
Company:	
Address:	
City:	
Zip/Postal Code: F	Phone:
Email Address:	
This should serve as confirmation that I,	, have participated in
(total number) investigations and analy	ysis of fire and explosion incidents. I have also
received (total number) hours of fire in Minimum of 40	ivestigation training.
My signature demonstrates that I believe I have	met all the minimum requirements to have my
P-CFEI upgraded to a full CFEI certification.	
Signature of Member(Required)	
My signature demonstrates that I attest to the sta	atements above.
Signature of Supervisor(Required)	Print Name