



EMERGENCY SERVICES TRAINING ACCREDITATION COUNCIL

INSTRUCTOR AFFIRMATION

Date: _____

Name: _____ Contact Phone: _____

Address: _____

City, State & Zip: _____

Certification #: _____ Issuing Agency: _____

Comments about certifications:

By signing below, I attest that the information I've provided, as well as all documents being submitted to ESTAC are my sole responsibility to ensure all material is current and accurate. And that if there are any deficiencies within the material, the Emergency Services Training Accreditation Council is not liable for information I submit to them. That I am aware of copyright laws and will not submit any copyright material without expressed consent of the person whom owns said materials.

Instructor Signature: _____ Date: _____

Notary: Sworn and affirmed before me this _____ day of _____, _____

My commission #: _____ expires: _____

(seal)

Notary Signature: _____