

# CICCS US&R Training & Certification Verification Letter

## RESCUE SPECIALIST

CICCS Task Force  
c/o Cal OES Fire and Rescue Branch  
3650 Schriever Ave.  
Mather, CA 95655

Date: XXXXXXXX

### To Whom It May Concern:

This letter serves as official verification that the individuals listed below have successfully completed the required courses and have the required experience for **RESCUE SPECIALIST** as outlined in the CICCS Implementation Plan and are in accordance with historically recognized position requirements in previous versions of the FIRESCOPE Operational System Description.

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### Personnel Verified

- [Name 1]
- [Name 2]
- [Name 3]

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### Disclaimer

The individuals listed above have completed the training and certification requirements as identified through Historical Recognition. The **Authority Having Jurisdiction (AHJ)** maintains all official training records, documentation, and supporting materials. These records shall be made available for review and audit upon request.

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Sincerely,

[Name]  
Agency Fire Chief or  
Designee  
[Agency/Department]  
[Signature]

[Name]  
Agency Training  
Officer  
[Agency/Department]  
[Signature]

[Name]  
CICCS Committee  
Representative  
[Agency/Department]  
[Signature]