



ILLINOIS CERTIFIED PRESCRIBED BURN MANAGER APPLICATION

Directions: All applicants must complete PART A and attach the required documentation and submit any required fee to the Illinois Department of Natural Resources, Attention Prescribed Burn Manager Certification, One Natural Resources Way, Springfield IL, 62702-1271. Each applicant must complete part A and either Part B, C or D and include with the application the documentation listed in that Part.

PART A: SECTION A1: IDENTIFICATION*

Applicant Name: _____

Employer's Name (if applicable): _____

Applicant Address (Street Address, City, State, Zip Code):

Applicant Phone Number: _____

Applicant Date of Birth: _____

Email _____

*Please provide a copy of your driver's license or other government issued identification card.

SECTION A2: CLASSROOM TRAINING**

Course Name: _____ Date: _____

Course Name: _____ Date: _____

Course Name: _____ Date: _____

Course Name: _____ Date: _____

**Attach copies of all listed course completion certificates. If additional space is needed to list courses, then attach a separate sheet listing course work.

SECTION A3: FEE

CHECK THIS BOX IF YOU ARE A STATE OF ILLINOIS EMPLOYEE AND EXEMPT FROM THE CERTIFICATION FEE: OTHERWISE, INCLUDE CHECK OR MONEY ORDER FOR \$50 MADE PAYABLE TO THE ILLINOIS DEPARTMENT OF NATURAL RESOURCES.

SECTION A4: SIGNATURE

I certify that the information provided in this application is correct. Do you want your contact information available to the public for contracting purposes? YES___ NO___

Applicant: _____ Date: _____

PART B: SECTION B1: PRESCRIBED BURN PARTICIPATION

1) Location: _____ Date: _____

2) Location: _____ Date: _____

3) Location: _____ Date: _____

4) Location: _____ Date: _____

5) Location: _____ Date: _____

SECTION B2: PRESCRIBED BURNS WHERE APPLICANT SERVED AS AN APPRENTICE PRESCRIBED BURN MANAGER*

I have reviewed Section A and B1 and accept the above named person as an Apprentice Prescribed Burn Manager.

Certified Prescribed Burn Manager: _____
(Signature) (Date)

Name: _____ Certificate Number: _____
(Type or Print)

1) Location: _____ Date: _____

Certified Prescribed Burn Manager Supervising the Apprentice Prescribed Burn Manager

Name: _____ Certificate Number: _____
(Type or Print)

2) Location: _____ Date: _____

Certified Prescribed Burn Manager Supervising the Apprentice Prescribed Burn Manager

Name: _____ Certificate Number: _____
(Type or Print)

*Attach copies of relevant Prescribed Burning Plans, Post Burn Reports and performance evaluations signed by a Certified Prescribed Burn Manager supervising the Apprentice Prescribed Burn Manager.

PART D:

Complete this part ONLY if you hold certification from another state that meets or exceeds the requirements of an Illinois Prescribed Burn Manager Certificate or hold a valid prescribed burn certification for a Prescribed Fire Boss under the NIIMS Wildfire Qualification System and you are claiming you qualify for an Illinois Certificate pursuant to 17 Ill. Adm. Code 1565.20(e) or (f).

Check the following box or boxes that apply:

- I hold a valid Prescribed Burn Manager Certificate or its equivalent from _____ (list state) and have attached to this application a copy of that certificate and a copy of my application used to obtain the certificate, or an official document from that state listing the general qualifications for certification.

- I hold certification as a Prescribed Fire Burn Boss Type 1 (RXB1) or Type 2 (RXB2) through the NIIMS Wildfire Qualification System and have attached a copy of that certification to this application.

I certify that the above information is correct.

Applicant's

Signature: _____

Date: _____