

ATVO Operator Skills (JOB) Request Form

The individual listed below has completed the Minnesota State ATV training requirements to have _____ skill added to their IQS Certifications.

[ATV safety training requirements | Minnesota DNR \(state.mn.us\)](#)

Send completed form to MIFCTraining.dnr@state.mn.us

NAME: _____

DATE: _____

TRAINING DESCRIPTION: _____

TOTAL HOURS: _____

Approved by: _____
FD Chief, FD Training Officer and or AHJ

Signature: _____
MN DNR Agency Certification Supervisor