



ADAM H. PUTNAM  
COMMISSIONER

Florida Department of Agriculture and Consumer Services  
Florida Forest Service



**CERTIFIED BURN PARTICIPATION LOG**

Florida Administrative Code 5I-2.006(2)(d)  
(850) 681-5900

| Burner Information        |                 |  |                         |                                 |
|---------------------------|-----------------|--|-------------------------|---------------------------------|
| Last Name                 | First Name      | Middle                                   | Certified Burner Number |                                 |
|                           |                 |  |                         |                                 |
| Authorization Information |                 |  |                         |                                 |
| Date of Burn              | Authorization # | Name of Authorized Person (please print) | Certified Burner Number | Signature of Authorized Person* |
|                           |                 |  |                         |                                 |
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**INSTRUCTIONS:** **Burner Information** - Please provide your information in this section.  
**Authorization Information** – This section is to list certified prescribed burns in which you were an active participant. Please fill out each column\*. Please provide a minimum of five burns.

To get credit toward your Certified Prescribed Burner Status please submit a signed copy of this form to the Prescribed Fire Manager of the Florida Forest Service.

Fax: 850-681-5901 or  
Mail: Prescribed Fire Manager  
3125 Conner Blvd. C-15  
Tallahassee FL 32399

Please sign below to verify the information provided above:

\_\_\_\_\_  
Signature Date

\*In the event that the certified burner is not available to provide a signature verifying your participation on their burn, please have your supervisor sign this form to verify the information.

\_\_\_\_\_  
Supervisor's Name (please print) Signature Date