

APPLICATION FOR EVALUATOR III

Colorado Metropolitan Certification Board
5440 Roslyn Street, Building 5, Suite 200
Denver, CO 80216
720.865.4071

NAME: (print) _____ **DEPT:** (select) AU___, CS___, DE___, WM___, PF___

Documentation of Requirements:

The undersigned candidate assisted in the Evaluator III process at the following CMCB tests:

1. **Test Date:** _____ **Type of Test:** (select) FF1___, FF2___, D/O___

Name of CE III shadowed: (print) _____

The above candidate assisted me in all aspects of the CE III process for the test noted above. I feel that this person completed the tasks in a satisfactory manner.

Signature of CE III _____.

2. **Test Date:** _____ **Type of Test:** (select) FF1___, FF2___, D/O___

Name of CE III shadowed: (print) _____

The above candidate assisted me in all aspects of the CE III process for the test noted above. I feel that this person completed the tasks in a satisfactory manner.

Signature of CE III: _____.

3. **Test Date:** _____ **Type of Test:** (select) FF1___, FF2___, D/O___

Name of CE III shadowed: (print) _____

Follow Up on First Evaluation: (Certified CE III will critique and guide on first evaluation)

- a. Must review preparation of paperwork prior to test
- b. Shadow through entire evaluation process including post evaluation meeting

The applicant completed his duties as CEIII in a satisfactory manner: (select) YES___ NO___

Signature of CE III: _____

Signature of Applicant: _____ Date: _____

I hereby recommend the subject applicant for certification as a Certified Evaluator III for CMCB.

Training Chief: _____ Date: _____