



# Fire Prevention Officers' Association of British Columbia

**NFPA 1033: Standard for Professional Qualifications for Fire Investigator**  
**NFPA 1031 Level 1: Standard for Professional Qualifications for Fire Inspector**

## Consent to Release Information to Employer

I, \_\_\_\_\_,  
*Print Name in Full*

hereby consent to allowing Fire Prevention Officers' Association of BC to release to my employer my test results, Statement or Certificate Of course Completion and verification of attendance in connection with this course. I understand that my consent is required prior to release of the specified information.

Employer's Name: \_\_\_\_\_

Employer Contact: \_\_\_\_\_

Employer's Address:  
PLEASE PRINT FULL NAME

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(Province)

\_\_\_\_\_  
(Postal Code)

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

**This form is only required to be filled out by students when an employer is paying for the course.**