Exhibit 28

DeKalb County Fire Department

Driver Training Log

Trainee name:_____
Vehicle Description/Unit #:_____

Date	Trainer/ Witness Name	Beginning Mileage	Ending Mileage	Hrs. Driven	Hrs. Pumped (if applicable)	Total Hrs. operated

I hereby certify that all records contained in the table above are complete and accurate as provided.

Signature of Driver:_____Date:_____
Signature of Trainer:_____Date:_____

Approval signature of Chief:_____Date:_____