

## PROPOSALS AND COMMENTS FORM FOR PRACTICES AND PROCEDURES FOR THE IAAI CERTIFIED FIRE INVESTIGATOR PROGRAM

*(Please use separate form for each proposal)*

Name	Telephone	Company
Street Address	City	State Zip/Prov. Code
Please indicate Organization representing (if any)		
CFI Procedures Chapter Number and Name		Paragraph number
Proposal/Comment Recommendations (check one)		
New Text <input type="checkbox"/>	Revised Text <input type="checkbox"/>	Deleted Text <input type="checkbox"/>
Proposal: (Include proposed new, revised or identification wording to be deleted)		
Statement of problem & Substantiation for Proposal (Specific reason for proposal)		

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**Signature**

\_\_\_\_\_ (Required)