

**Contact Information**

Name:				Last Four Digits of Social Security #	
Home Address:					
City / Town:					
State:		Zip Code:		Cell Phone:	
Organization:				Work Phone:	
				E-mail Address	

CLASS APPLYING FOR:       SESSION:       YEAR:

**Pre-requisites** Firefighter I - None  
Firefighter II - Students enrolling must be certified Firefighter I. Proof must be submitted with application.

**Payment Information:**

Firefighter I \$1250.00    Firefighter II \$850.00    \*Non County Plan Members add \$100.00

**PAYMENT MUST BE SUBMITTED WITH APPLICATION**

Purchase Order Number     Check Enclosed     Other (please Specify)

**Chief's Release**

Name of Organization / Department

As head of the above named department, I hereby authorize the above applicant to participate in the above course(s) and, therefore understand that the above mentioned member / employee will be covered by my department's insurance while participating in such training and that the Commission of Fire Prevention & Control, Hartford County Fire School, its Commissioners, officers, agents, or employees shall not be liable for any injuries sustained during such training. This applicant is considered by my department's / organization's standards to be physically and emotionally fit to perform firefighting evolutions without special considerations.

\_\_\_\_\_ Date:   
Chiefs / Organization Supervisor's Signature

**STUDENT INJURY / ILLNESS WAIVER**

As Chief I hereby verify that I am aware of the following injury/illness to the above named applicant (if none please write "NONE"):

list Type of Injury/Illness

This applicant is considered by my department to be emotionally and physically fit to perform firefighting evolutions without special restrictions or considerations. I understand that the above named applicant will be covered by my department's insurance while participating in such training and the Hartford County Regional Fire School, its officers, agents or employees shall not be liable for any injuries sustained during such training.

This applicant has been properly fit tested for SCBA use.     Yes     No

Chiefs Name:     \_\_\_\_\_ Date   
Chiefs / Organization Supervisor's Signature

**EMERGENCY CONTACT INFORMATION**

Fire Department contact name     Fire Department contact phone number   
Family contact name     Family contact phone number