

# Hartford County Regional Fire School

34 Perimeter Rd  
Windsor Locks, CT 06097

Director of Training:  
Jim Baldis

## Course Application

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Course Name: **"Q" Endorsement November 2021** Course Fee: **\$295.00**

*(Must be 18 Years Old with a Current CT Drivers License To Participate)*

Student ID: \_\_\_\_\_ (First 3 letters of last name and last 4 of Social) (Example John Smith 123-45-6789/SMI-6789)

Home Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Fire Department: \_\_\_\_\_

\_\_\_\_\_  
Applicants Signature

As Chief of the \_\_\_\_\_ Fire Department, I hereby authorize the above applicant to participate in a Hartford County Regional Fire School Training Program and therefore understand that the above named individual will be covered by my department's Worker's Compensation Insurance while participating in such training and that the Hartford County Regional Fire School, it's officers', Instructors', Agents', or Employees' shall not be liable for any injuries sustained during such training. The applicant is considered by my department's standards to be physically and emotionally fit to perform firefighting evolutions without special considerations, and where applicable, to meet 29 CFR 1910.134 standard for the use of respirators (SCBA).

\_\_\_\_\_  
Chief's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Purchase Order #

\_\_\_\_\_  
Authorized Billing Signature

**\*\*\*Must have BOTH Chief's Signature and Authorized Signature\*\*\***