

Contact Information

Name:				Last Four Digits of Social Security #	
Home Address:					
City / Town:					
State:		Zip Code:		Home Phone:	
Organization:				Cell Phone:	
				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: (Effective July 1, 2023)

Firefighter I \$1,250.00 Firefighter II \$950.00 Q Endorsement \$225.00 *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 fire fighting 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:

Chiefs / Organization Supervisor's Signature

Date

EMERGENCY CONTACT INFORMATION

Fire Department contact name Fire Department contact phone number

Family contact name Family contact phone number