Hartford County Regional Fire School
hcfep.org

Return completed application to:
Hartford County Fire School
34 Perimeter Road
Windsor Locks CT 06096
or via e-mail to:
Hartfordcountyfireschool@gmail.com

Contact Information

Name: _____ Last 4 Digits Social Security # _____

Home Address: _____ Date of Birth _____

City/Town_____ Home Phone:_____

State:_____ Zip Code:_____ Cell Phone: _____

Organization:_____ Work Phone:_____

Email: _____

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 ☐Firefighter I & II $2,000.00

*Non-County Plan Members add $100.00

PAYMENT MUST BE SUBMITTED WITH APPLICATION

Payment Type:

☐Purchase Order #:_____ ☐Check Enclosed ☐Other:_____

Chief's Release

Organization Chief or Designee:_____

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.

_____ _____
Chief / Designee's Signature Date

STUDENT INJURY / ILLNESS WAIVER

As Chief I hereby verify that I am aware of the following injury/illness to the above-named applicant (Choose None or Provide Illness)

☐ None ☐ Participant Has the Following Illness(s):_____

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: ☐ YES ☐ NO

EMERGENCY CONTACT INFORMATION

Fire Dept Contact Name:_____ Phone:_____

Family Contact Name:_____ Phone:_____