



## FIRE AND EMERGENCY SERVICES TRAINING APPLICATION

(An Application is required to be completed for each course. Complete ALL applicable sections & PRINT all information.)

<b>Course Name:</b>		<b>Location:</b>		<b>Date(s) of Course:</b>	
<b>APPLICANT'S INFORMATION (PLEASE COMPLETE ALL COLUMNS)</b>					
<b>Official First Name:</b>		<b>Middle Name:</b>	<b>Last Name:</b>		<b>Date of Birth: (Month-Day-Year)</b>
<b>P.O. Box # _____ or BOX # _____ or Site # _____</b>			<b>House No. &amp; Name of St./Rd./Ave./Drive/Place, etc.</b>		
<b>City / Town:</b>		<b>Province:</b>		<b>Postal Code:</b>	
<b>Home Telephone #:</b>	<b>Work Telephone #:</b>		<b>Cell / Mobile #:</b>	<b>Email:</b>	
<b>THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS</b>					
<b>(If you are registering as a member of a Fire Department)</b> <b>Name of Fire Department:</b>			<b>Telephone #:</b>	<b>Contact Person:</b>	
			<b>Fax #:</b>		
<b>(If you are registering as a member of an Organization)</b> <b>Name of Organization (Government, Municipality /Local Service District, Business, etc.):</b>			<b>Telephone #:</b>	<b>Contact Person:</b>	
			<b>Fax #:</b>		
<b>REQUIRED DOCUMENTATION</b>				<b>COPY ATTACHED</b>	
Driver/Operator – Driver: A copy of valid NL Driver's License with proof of Air Brake Endorsement				<input type="checkbox"/> YES	
Firefighter I Module 2 Training/Testing: A copy of Current Standard CPR/1 <sup>st</sup> Aid and Medical Consent Form signed by physician or fire chief				<input type="checkbox"/> YES	
Firefighter II Training/Testing: A copy of Current Standard CPR/1 <sup>st</sup> Aid, Medical Consent Form signed by physician or fire chief				<input type="checkbox"/> YES	
NFPA 1006, Technical Rescuer Core: A copy of Emergency Medical Responder 40 Hour Course or Advanced First Aid for Firefighters and Medical Consent signed by physician or fire chief				<input type="checkbox"/> YES	
Air Brake Endorsement: A copy of your valid NL Driver's License must be attached to this Application Form				<input type="checkbox"/> YES	

\_\_\_\_\_ or \_\_\_\_\_  
**Date**                      **Fire Chief's Signature**                      **Supervisor's Signature (Organization)**

\_\_\_\_\_  
**Date**                      **Applicant's Signature**

\*Personal information is being collected in accordance with section 61(c) of the Access to Information and Protection of Privacy (ATIPP) Act and will only be used for Fire and Emergency Services (FES) & International Fire Service Accreditation Congress training purposes. Any questions or comments can be directed to the telephone numbers indicated below.

APPLICATIONS MUST BE SENT DIRECTLY TO:  
**Fire and Emergency Services**  
**P.O. Box 8700, 25 Hallett Crescent, St. John's, NL A1B 4J6**  
**Telephone: (709) 729-1608 / 729-3703 or Fax: (709) 729-2524 / 729-3857**