

APPENDIX A

**FIRE AND EMERGENCY SERVICES DIVISIONS  
TRAINING APPLICATION**

(Application is required to be completed for each course – complete applicable sections – please print)

<b>Course Name:</b>		<b>Location:</b>		Date of Course	
<b>Certification Testing Requested: YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>					
<b>APPLICANT INFORMATION</b>	First Name:		Last Name		Date of Birth: (mm-dd-yyyy)
	P.O. Box/Street		City/Town		Province    Postal Code
Home Phone #:		Cell /Work Phone #:	Email:		
<b>FIRE DEPT/ ORGANIZATION INFORMATION</b>	Name:		Phone #:		Cell #:
			Fax #:		
	Alternate Contact Name:		Phone #:		Cell #:
			Fax #:		
<b>APPLICABLE TO EMERGENCY MANAGEMENT COURSES</b>	Please Check Courses Completed (if applicable): <input type="checkbox"/> BEM/EPO <input type="checkbox"/> EOCM <input type="checkbox"/> EPI <input type="checkbox"/> ESM    Other _____				
<b>APPLICABLE TO FIRE PROTECTION COURSES</b>	<b>Required for Driver Training - Fire Apparatus Driver/Operator Only:</b> Driver's License #: _____ Proof of Class 9 Air Brake Endorsement Required: _____ If certified to Firefighter I, please indicate Seal Number: _____				

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Supervisor / Fire Chief's Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Applicant's Signature**

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

\*Personal information is being collected in accordance with section 32(c) of *the Access to Information and Protection of Privacy (ATIPP) Act* and will only be used for Fire and Emergency Services Divisions-and International Fire Service Accreditation Congress training purposes. Any questions or comments can be directed to telephone: (709) 729-1608 / 3703.