APPENDIX A

FIRE AND EMERGENCY SERVICES DIVISIONS
TRAINING APPLICATION
(Application is required to be completed for each course – complete applicable sections – please print)

Course Name:		Location:	Date of Course
Certification Testing Requested: YES☐ NO ☐			

APPLICANT INFORMATION	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:

FIRE DEPT/ ORGANIZATION INFORMATION	Name:	Phone #: Fax #:	Cell #:
	Alternate Contact Name:	Phone #: Fax #:	Cell #:

APPLICABLE TO EMERGENCY MANAGEMENT COURSES	Please Check Courses Completed (if applicable): ☐ BEM/EPO ☐ EOCM ☐ EPI ☐ ESM Other _____

APPLICABLE TO FIRE PROTECTION COURSES	**Required for Driver Training - Fire Apparatus Driver/Operator Only:** 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