Student Application Form

Connecticut Fire Academy

CFPC, 34 Perimeter Road
Windsor Locks, CT 06096-1069
Fax number: (860) 654-1889

RESCUE WEEK
October 3-7, 2011

ID Number __ __ __- __ __ __ __

Your ID consists of the first (3) letters of your last name and the last (4) numbers of your social security number. Example: John Adams - SS # 000-00-5555

Last Name:_____ First Name:_____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (H) _____ (W) _____ (C)_____

Fire Department/Organization: _____

Email: _____

Check box if you would like to subscribe your e-mail address to the CFPC Listserve. ☐ Yes ☐ No

Are you 18 years of age or older? ☐ Yes ☐ No

MUST BE 18 YEARS of AGE TO PARTICIPATE IN HANDS-ON TRAINING

Acceptance notices with directions will be mailed approximately two (2) weeks prior to the start of the program.

For more information, please contact Program Manager Jim Carroll at 860-627-6363 ext. 268 with any questions or you can email Jim at: jim.carroll@ct.gov

PAYMENT:

☐ Check Payable to CFPC

☐ Purchase Order No._____

☐ VISA/MC Card NO._____ Exp Date:_____

Card Holder Name:_____

Card Holder Signature:_____

Card Holder Telephone Number:_____

As Chief of the _____ Fire Department

or as Supervisor of the_____ Organization

I hereby authorize the above named applicant to participate in the program below and, therefore, understand that the above-named individual will be covered by my organization's Worker's Compensation Insurance while participating in such training, and that the Commission on Fire Prevention and Control, 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 standards to be physically and emotionally fit to perform firefighting evolutions without special considerations, and where applicable, to meet the 29 CFR 1910.134 standard for the use of respirators (Self-Contained Breathing Apparatus). **No application will be accepted without tuition, authorized signature and proof of prerequisite. (if needed)**

Chief or Supervisor Signature: _____

RESCUE WEEK
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Course Name	Fee
☐Course #12112 Collapse Rescue Shoring for Firefighters: Mon-Tues Oct. 3-4, 2011	$195
☐Course #12113 Heavy Vehicle Rescue: Tues-Wed Oct. 4-5, 2011	$225
☐Course #12114 Advanced Vehicle Extrication: Thurs Oct. 6, 2011	$125
☐Course #12115 Advanced Shoring Techniques: Wed-Thurs Oct 5-6, 2011	$195
☐Course #12116 Lifting and Moving: Wed-Thurs Oct. 5-6, 2011	$170
☐Course #12117 Rope Rescue Refresher: Mon-Tues Oct. 3-4, 2011	$170
☐Course #12118 Rescue Challenge: Friday Oct. 7, 2011	$95
☐Course#12119 Trench Rescue Refresher Basic: Thurs Oct. 6, 2011	$95
☐Course#12120 Trench Rescue Refresher Intersecting: Fri Oct. 7, 2011	$95

Total course fee submitted $_____