

STUDENT APPLICATION

A separate application is required for each course.
Please print/type and mail/fax with payment to:
CFPC, 34 Perimeter Road, Windsor Locks, CT 06096-1069
• Fax (860) 654-1889

Last Name _____

First Name _____

Home Address _____

City _____

State _____ Zip _____

Phone (Home) _____

Work _____

Cell _____

Pager _____

Fire Department/Organization _____

Email _____

Are you 18 years of age or older? Yes No
(No one under 18 is allowed to participate in hands-on programs)

ID Number _ _ _ - _ _ _ _

Your ID Consist of the First (3) Letters of your last name and Last (4) number of your social security number

Example: John Adams - SS # 000-00-5555
The new ID # will be **ADA-5555**

As Chief of the _____

Fire Department or as Supervisor of the _____

organization, _____

I hereby authorize the above 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).

Chief or Supervisor Signature _____

No application will be accepted without tuition, authorized signature and proof of prerequisite (if needed).

Proof included. Register me for the following course:

Course Title _____

Course # _____

Date(s) _____ Tuition _____

Method of Payment — Payment is required at time of registration. Faxes must include Credit Card or Purchase Order #.

Check made payable to CFPC

Purchase Order # _____

VISA MasterCard Card # _____

Card Holder's Name: _____

Card Holder's Signature: _____ Exp. Date: _____

FLASHOVER PERMISSION FORM

Please print/type/mail/fax with payment and application to:

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

The following must be completed prior to receiving Flashover Survival training.

Participant's Signature: _____ Date: _____

Participant's Name: _____
(Please Print)

As the Chief of the _____ Fire Department,

I hereby authorize the above applicant to participate in the Flashover Simulator, and therefore understand that the above mentioned member(s) will be covered by my department'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(s) is considered by my department's standards to be physically and emotionally fit to perform firefighting evolutions without special considerations, and to meet the CFR 1910.134 standard for the use of respirators (Self-Contained Breathing Apparatus).

I further understand that the Commission on Fire Prevention and Control, its commissioners, officers, agents or employees shall not be liable for any damage to the above mentioned members' protective equipment while participating in Flashover Survival training. According to the Flashover Container manufacturer, firefighting helmets constructed with polycarbonate will be prohibited.

Chief's Signature: _____ Date: _____

Chief's Name: _____
(Please Print)

CONNECTICUT FIRE ACADEMY

34 Perimeter Road, Windsor Locks, CT 06096-1069 (860) 627-6363, 1-877-528-3473 (Toll Free In CT). Fax (860) 654-1889

- All Connecticut Fire Academy courses in the Course Catalog or calendar can be arranged for delivery at any Fire Department.
- Custom courses not in the Course Catalog can also be arranged to meet your specific training needs.
- To contract courses please fill out the training request form below and mail or fax to the Connecticut Fire Academy.
- Fill out one form per course request.
- When the training request form is received, a Program Coordinator will contact you with the details.

The following organization requests In-service training to be conducted by The Connecticut Fire Academy:

Requested Course Title

Sponsoring Organization

Mailing Address

City/State/Zip

Training Site Location
(Physical Location)

1st Start Date: _____ End Date: _____

Alternate Date: _____ End Date: _____

Authorized Official

Contact Person

Contact Person Title

Evening Phone _____ Day Phone _____

Email Address

Signature

Mail or Fax to:

Connecticut Fire Academy

34 Perimeter Road

Windsor Locks, CT 06096-1069

(860) 627-6363 or 1-877-528-3473 (Toll Free in CT)

Fax (860) 654-1889

CANDIDATE PHYSICAL ABILITY TEST - CPAT

Connecticut Fire Academy
34 Perimeter Road Windsor Locks, CT 06096-1069
www.state.ct.us/cfpc • Fax (860) 654-1889

This Test Takes Place At The CPAT Center In Meriden, CT.
Directions will be provided with confirmation before your test date.

To register for the test, please complete the form below and return it with payment to the Connecticut Fire Academy. The fee for the test is \$65.00 and is payable by cash, check or VISA/MasterCard. You will be notified of your test date and time by mail. There will be two test sessions each day. The morning session is 8:00AM – 12:00PM with the afternoon session running from 12:30PM – 4:30PM. You will be required to arrive 30 minutes before your scheduled test session begins. Individuals will be assigned in sequential positions as they arrive and register on-site.

Please print or type and return with payment to:
Connecticut Fire Academy
34 Perimeter Road
Windsor Locks, CT 06096-1069

Candidate Physical Ability Test - \$65.00

Last Name _____

First Name _____

Home Address _____

City _____

State _____ Zip _____

Phone (Home) _____

Work _____

Cell _____

ID Number _ _ _ - _ _ _ _

Your ID Consist of the First (3) Letters of your last name and Last (4) number of your social security number
Example: John Adams - SS # 000-00-5555
The new ID # will be **ADA-5555**

Check made payable to CFPC

Purchase Order # _____

VISA MasterCard Card # _____

Card Holder's Name: _____

Card Holder's Signature: _____

Exp. Date: _____

Information such age, sex, and ancestral heritage are used for statistical purposes only and will not be shared with any employer.

Date of Birth / / Sex M F Please check one

Please check the race(s) which best applies to you:

1. American Indian or Alaskan Native
2. Asian
3. Black or African American
4. White
5. Native Hawaiian or Pacific Islander

Please check the Ethnicity that best applies to you:

1. Hispanic or Latino
2. Not Hispanic or Latino

DATA PRIVACY WARNING

1. The information provided by you on this form will be used solely and exclusively for providing you and like applicants with services.
2. Your social security number is classified as private data. It is used to track your records in regard to personal performance in the CPAT program.
3. The consequence of not furnishing all of the information on this form is that the services may be delayed, restricted or withheld. Further, personal data retrieval will be delayed.