

Student Application Form

**HAZ MAT
Seminar
Series**

**Connecticut
Fire
Academy**



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

**CFPC, 34 Perimeter Road,
Windsor Locks, CT 06096-1069**

Fax number: (860) 654-1889



Last Name _____

First Name _____

Home Address _____

City _____

State _____ Zip _____

Phone (Home) _____

Work _____

Cell _____

Pager _____

Fire Department/Organization _____

Email _____

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

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
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 Workers 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)

Register me for the following course:

Course Title **Holy Smoke - It's A Gas**

Course # **09226**

Date **Wednesday, June 17, 2009** Tuition **\$40.00**

**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 or MasterCard Card # _____

Card Holder's Name: _____

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