Student Application Form

HAZ MAT Seminar Series

A separate application is required for each course.
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 listserve. ❍ 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 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)

Register me for the following course:

Course Title **Poisons**

Course # **08239**

Date **3-26-08** 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:

Connecticut Fire Academy