

**All Hands Operating LLC
1 Melanie Lane Gales Ferry CT 06335**

Firefighter I registration

September 2016

Student Name: _____ DOB: _____

Department: _____ Rank: _____

Student mailing address Home and Cell Phone #s:

Is student currently certified to Hazardous Materials Awareness Level? Y___ N___

Is student currently certified to Hazardous Materials Operations Level? Y___ N___

As Chief of the _____ (Emergency Services Organization), I hereby authorize the above applicant to participate in the above course(s) and therefore, understand that the above mentioned member will be covered by my department's Worker's Compensation Insurance while participating in such training and that The Cohanzie Fire Company or their 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 to meet the CFR 29 Part 1910.134 standards for the use of respirators (Self-Contained Breathing Apparatus).

Notice:

Applicants must be at least 18 years old before the start of class.

Students will not be allowed to participate in evolutions involving SCBA if facial hair is present.

Students canceling at least seven days prior to the start of the course will receive a full refund, otherwise there will be no refunds. Any student absent on the first day will be dropped from the roster

Emergency contact information (please print):

Chief's name _____ Home phone _____ Cell phone _____

Department mailing address:

Signature: _____
(Chief or training officer)

Students are responsible for bringing full PPE and SCBA to each class.
Weeknight classes are from 6-10 pm, weekend classes are from 8am-4pm.
Class meets

Payment is needed by the first class session.

Send filled applications to: All Hands Operating LLC, 81 Military Highway Gales Ferry CT 06335

Tax ID #46-2071147