

# FIREFIGHTER II FALL 2016

Sponsored by Long Ridge Fire Department

## REGISTRATION FORM

### APPLICANT DATA

First Name	Last Name	MI
Home Street Address		
City	State	Zip
Home Phone	Work Phone	Cell Phone
Email Address		
Fire Department Name		

### DEPARTMENT AUTHORIZATION

I hereby authorize the above applicant to participate in this training program 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 Long Ridge Fire Company, its 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 fire fighting evolutions and to meet the 29CFR 1910.134 standard for the use of Self Contained Breathing Apparatus.

**To be signed by the Chief of the Department or Designee**

Print Name	Signature	Date
------------	-----------	------

Remit application and \$650.00 check payable to "Long Ridge Fire Company"

**Return application prior to October 1, 1026 to:**

**Lt. Tyler Kosterich; Long Ridge Fire Company;  
366 Old Long Ridge Road; Stamford, CT 06903**