**ALL INFORMATION ON THIS FORM MUST BE COMPLETED OR APPLICATION WILL BE RETURNED**

*Application must be received by March 10, 2006. Duplicate this form as necessary for additional applicants. Acceptance notices will be sent the week of March 20th, 2006.*

U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT

# GENERAL ADMISSIONS APPLICATION SHORT FORM

See Reverse for Privacy Act Statement

O.M.B. No. 1660-0007
Expires February 28, 2007

USE THIS FORM **ONLY** IF APPLYING FOR NFA OFF CAMPUS COURSES (EXCLUDING REGIONAL DELIVERIES)

## SECTION I - GENERAL INFORMATION

1. DATE OF BIRTH (Mo, Day, Yr.)

2. SEX ❑ Female ❑ Male

3. U. S. CITIZEN ❑ Yes ❑ No If No, City and Country of Birth: _____

4a. ETHNICITY

1. ❑ HISPANIC or LATINO
2. ❑ NOT HISPANIC or LATINO

4b. RACE (Please check all that apply)

1. ❑ AMERICAN INDIAN or ALASKA NATIVE
2. ❑ ASIAN
3. ❑ BLACK or AFRICAN AMERICAN
4. ❑ WHITE
5. ❑ NATIVE HAWAIIAN or PACIFIC ISLANDER

5. PLEASE PRINT YOUR NAME (Last, First, Middle, Suffix)

6. SOCIAL SECURITY NO

7. MAILING ADDRESS (Street, avenue, road no./city or town, and zip code)

8. WORK PHONE NO. ( )

9. HOME PHONE NO. ( )

10. FAX NO. ( )

11. EMAIL ADDRESS

12a. CHOOSE COURSE CODE *(Prioritize your choices from 1-5)*

( ) # 06500 ( ) # 06501 ( ) # 06502 ( ) # 06503 ( ) # 06504 ( ) # 06505

12b. APPLICANT EXPERIENCE LEVEL *(Check one)*

( ) Chief Officer ( ) Captain ( ) Lt. ( ) Other_____

13. DO YOU HAVE ANY DISABILITIES (Including special allergies or medical disabilities) WHICH WOULD REQUIRE SPECIAL CONSIDERATION DURING YOUR ATTENDANCE IN TRAINING? NO ❑ YES ❑ (If yes, indicate & describe any special considerations required on a separate sheet)

## SECTION I I - EMPLOYMENT INFORMATION

14a. NAME AND COMPLETE ADDRESS OF ORGANIZATION BEING REPRESENTED

14b. NFIRS# (NFA ONLY)

15. CURRENT POSITION AND NUMBER OF YEARS IN POSITION

16. CHECK THE BOX(S) BELOW THAT BEST DESCRIBE YOUR ORGANIZATION

16a. JURISDICTION

1. ❑ STATEWIDE
2. ❑ COUNTY GOVERNMENT
3. ❑ CITY/TOWN/VILLAGE
4. ❑ SPECIAL DISTRICT/TOWNSHIP/ TRIBAL NATION
5. ❑ FEDERAL/MILITARY (non-DHS)
6. ❑ INDUSTRY/BUSINESS
7. ❑ FOREIGN
8. ❑ DHS/FEMA
9. ❑ NDER/IMA

16b. ORGANIZATION

1. ❑ ALL CAREER
2. ❑ ALL VOLUNTEER
3. ❑ COMBINATION

16c. CURRENT STATUS

1. ❑ PAID FULL TIME
2. ❑ PAID PART TIME
3. ❑ VOLUNTEER
4. ❑ DISASTER RESERVIST

## SECTION III - ENDORSEMENT AND CERTIFICATION

17a. I certify that the information recorded on this application is correct. Falsification of information will result in denial of a course certificate and stipend (U.S.C. 1001).

17b. I hereby authorize the release of any and all information concerning my enrollment in this course to the chief officer in charge, or designee, of my organization. All requests for information shall be in writing from said chief officer or designee.

17c. Further, I understand that National Emergency Training Center (NETC), the Mt. Weather Emergency Operations Center (MWEOC), and the Noble Training Center (NTC) are not authorized to provide medical or health insurance for students. I maintain appropriate insurance on an individual basis.

17d. I agree to abide by the rules, policies, and regulations of NETC, MWEOC and NTC. Failure to do so will result in denial of the student stipend, expulsion from the course, and possible barring from future National Fire Academy (NFA) and Emergency Management Institute (EMI) courses.

18a. SIGNATURE OF APPLICANT

18b. DATE

## 19. APPROVAL BY HEAD OF THE SPONSORING ORGANIZATION (NOT REQUIREDFOR SELF STUDYPROGRAMS)

By signing this application, I certify that my organization does not discriminate on the basis of age, sex, race, color, religious belief, national origin, economic status, or disability in providing educational opportunities for its employees.

19a. SIGNATURE

19b. PRINTED NAME AND TITLE

19c. DATE

## 20. ADDITIONAL ENDORSEMENTS FOR APPLICATION TO THE EMERGENCY MANAGEMENT INSTITUTE (NOT REQUIREDFOR SELF STUDYPROGRAMS)

20a. SIGNATURE AND DATE (State Office)

20b. SIGNATURE AND DATE (FEMA Regional Office)

21. SUBMIT APPLICATION TO APPROPRIATE SPONSOR:

**Connecticut Fire Academy • 34 Perimeter Road, Windsor Locks, CT 06096-1069 • Fax 860-654-1889**

| 22a. DISPOSITION | 22b. SIGNATURE OF REVIEWER | 22c. DATE |
|---|---|---|
| ❑ ACCEPTED ❑ REJECTED | | |

EQUAL OPPORTUNITY STATEMENT

NFA and EMI are Equal Opportunity institutions. They do not discriminate on the basis of age, sex, race, color, religious belief, national origin, or disability in their admissions and student-related procedures. Both schools make every effort to ensure equitable representation of minorities and women in their student bodies. Qualified minority and women candidates are encouraged to apply for all courses.

PRIVACY ACT STATEMENT

GENERAL - This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), Title 5 United States Code (U.S.C.), Section 552a, for individuals applying for admission to NFA or EMI.

AUTHORITY - Federal Fire Prevention and Control Act of 1974, as amended, Title 15 U.S.C., Sections 2201 et. seq.; Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, Title 42 U.S.C., Sections 5121 et. seq. ; Title 44 U.S.C., Section 3101; Executive Orders 12127, 12148, and 9397; Title VI of the Civil Rights Act of 1964; and Section 504 of the Rehabilitation Act of 1973.

PURPOSES: To determine eligibility for participation in NFA and EMI courses. Information such as age, sex, and ancestral heritage are used for statistical purposes only.

USES: Information may be released to: 1) FEMA staff to analyze application and enrollment patterns for specific courses, and to respond to student inquiries; 2) a physician to provide medical assistance to students who become ill or are injured during courses; 3) Members of the Board of Visitors for the purpose of evaluating programmatic statistics; 4) sponsoring states, local officials, or state agencies to update/evaluate statistics of NFA and EMI participants; 5) Members of Congress seeking first party information; and 6) Agency training program contractors and computer centers performing administrative functions.

EFFECTS OF NONDISCLOSURE - Personal information is provided on a volunteer basis. Failure to provide information on this form, however, may result in a delay in processing your application and/or certifying completion of the course.

Information Regarding Disclosure of Your Social Security Number Under PL 93-579, Section 7(b) - E.O. 9397 authorizes the collection of the SSN. The SSN is necessary because of the large number of individuals who have identical names and birthdates and whose identities can only be distinguished by the SSN. The SSN is used for record-keeping purposes, i.e., to ensure that your academic record is maintained accurately. Disclosure of the SSN is voluntary. However, if you do not provide your SSN, another number will be substituted, which will delay processing of your application or course certificate.

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 6 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting the form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, U. S. Department of Homeland Security, Federal Emergency Management Agency 500 C Street, SW, Washington, DC 20472 (Paperwork Reduction Project 1660-0007). Your response is voluntary, and you are not required to respond to this collection of information unless a valid OMB control number is displayed in the upper right corner of this form. NOTE: Do not send your completed form to this address. Please return it to the appropriate address shown in block 24.

23. PAYMENT AND TRANSPORTATION OPTIONS

***Please indicate a first and second choice bus stop, or if you will be providing your own transportation.***

**Own Transportation** _____ **Bus Stop: 1st Choice** _____ **2nd Choice** _____

1. Norwich (I-395, Exit 80)
2. Branford (Rt. 1, Commuter Lot)
3. Wallingford (I-91, Exit 15 Commuter Lot)
4. Hartford Fire Academy
5. Waterbury State Tech. (lower lot)
6. Danbury (Rt. 84, Exit) Commuter Lot

I _____ fully understand that I will remove all liability from the CT Fire Academy and understand that if my vehicle does not comply with security regulations I and my vehicle may be removed from the campus and may not reenter the campus until full compliance.

*Print Name* _____ *Date* _____ *Signature* _____

***Method of Payment– Payment of $135.00 or purchase order must accompany registration application. Faxes must include Credit Card or Purchase Order.***

( ) Check payable to CFPC ( ) PO# _____ ( ) Visa ( ) MC ***Credit Card #*** _____ ***Exp. Date*** _____

***Print Card Holder's Name*** _____ ***Card Holder's Signature*** _____

24. RETURN THIS FORM TO:

**Connecticut Fire Academy • 34 Perimeter Road, Windsor Locks, CT 06096-1069 • Fax 860-654-1889**