

WOLCOTT STATE FIRE TRAINING SCHOOL

presents

Fall 2016 Firefighter I

and

Hazardous Materials Operational Certification Training Program

This training class will meet the NFPA 1001 Standard for Firefighter Professional Qualifications for Firefighter I, 2013 edition, as well as State of CT certification in Hazardous Materials Operational NFPA 472, 2013 edition. This class will run on Mondays and Wednesday nights from 6:30pm-10:30 pm, and various Saturdays and Sundays from 8am -16:30pm, and will be hosted by the Watertown Fire Department.

Jones & Bartlett Fundamentals of Firefighter skills 3rd Edition will be provided for each student. Students will need their own Full protective clothing and SCBA with spare cylinder. Respirator Fit Testing for Scott and Survivor SCBA's will be conducted during the class.

Start Date: Wednesday August 31st, 2016 Scheduled dates are subject to change.

September 7, 10, 12, 14, 17, 19, 21, 24, 26, 28 October 1, 2, 3, 5, 8, 10, 12, 15, 17, 19, 22, 24, 26, 29, 31

November 2, 5, 7, 9, 12, 13, 14, 16, 19, 28, 30

December 3, 5, 7, 10, 19, 21 (10th practical skills exam), and (21st written exam)

Location: Watertown Fire Headquarters 935 Main Street, Watertown and the

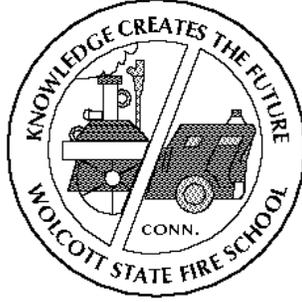
Wolcott State Fire School, Boundline Road, Wolcott, CT 06716

Class Cost \$ 1,050.00 Includes all manuals, and certification testing fees.

Class size is limited to 30 students and is filled on a first come first served basis.

For further information, please contact school director, Steve Veneziano, at wfsdirector@aol.com or 203-592-0624 Note: Faxed in Applications must have the Chief's signature, and invoicing information (PO# or billing address) attached or it will NOT be accepted. Applications must be completely filled out or the will not be accepted.

TRAINING APPLICATION



WOLCOTT STATE FIRE TRAINING SCHOOL

PO Box 6233

Wolcott, CT 06716

Phone 203-879-1559 / Fax 860-945-3532

(faxed in applications will not be accepted without a PO# or invoicing information)

Name _____ Phone _____

Street _____ Town _____ Zip _____

Date of Birth _____ Fire Dept. _____

Course **FIREFIGHTER 1/ HM AWOPS** Start Date **August 31st, 2016** Fee **\$ 1,050.00**

As Chief of the _____ Fire Department I hereby authorize the above applicant to participate in the above course and, therefore, understand that the above mentioned member will be covered by my department's insurance while participating in such training and that the Wolcott State Fire School, its officers, agents or employees shall not be liable for any injuries sustained during such training. This candidate is considered by my department's physician to be emotionally and physically fit to perform fire-fighting evolutions without special considerations.

Chief's Name _____

Chief's Signature _____ Date _____

Student's Signature _____ Date _____

Billing address _____ PO# _____

List an emergency contact person:

Name _____ Phone _____

Students Email address _____

List your Dept. Chief's emergency phone number _____