

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 <input type="checkbox"/> Female <input type="checkbox"/> Male	3. U. S. CITIZEN <input type="checkbox"/> Yes <input type="checkbox"/> No If No, City and Country of Birth:
4a. ETHNICITY 1. <input type="checkbox"/> HISPANIC or LATINO 2. <input type="checkbox"/> NOT HISPANIC or LATINO	4b. RACE (Please check all that apply) 1. <input type="checkbox"/> AMERICAN INDIAN or ALASKA NATIVE 2. <input type="checkbox"/> ASIAN 3. <input type="checkbox"/> BLACK or AFRICAN AMERICAN 4. <input type="checkbox"/> WHITE 5. <input type="checkbox"/> NATIVE HAWAIIAN or PACIFIC ISLANDER	

5. PLEASE PRINT YOUR NAME (Last, First, Middle, Suffix)	6. SOCIAL SECURITY NO
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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. ENTER COURSE CODE AND TITLE <b>Course # 06395 Training Operations in Small Departments</b>	12b. COURSE LOCATION <b>Tolland CT</b>	12c. COURSE DATE <b>2/25, 2/26/06</b>
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13. DO YOU HAVE ANY DISABILITIES (Including special allergies or medical disabilities) WHICH WOULD REQUIRE SPECIAL CONSIDERATION DURING YOUR ATTENDANCE AT NETC or MWEAC? NO  YES  (If yes, indicate & describe any special considerations required on a separate sheet)

**SECTION II - EMPLOYMENT INFORMATION**

14a. NAME AND COMPLETE ADDRESS OF ORGANIZATION BEING REPRESENTED	14b. NFIRS# (NFA ONLY)	15. CURRENT POSITION AND NUMBER OF YEARS IN POSITION
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16. CHECK THE BOX(S) BELOW THAT BEST DESCRIBE YOUR ORGANIZATION	16b. ORGANIZATION	16c. CURRENT STATUS
16a. JURISDICTION 1. <input type="checkbox"/> STATEWIDE 4. <input type="checkbox"/> SPECIALDISTRICT/TOWNSHIP/ TRIBAL NATION 7. <input type="checkbox"/> FOREIGN 2. <input type="checkbox"/> COUNTY GOVERNMENT 5. <input type="checkbox"/> FEDERAL/MILITARY (non-DHS) 8. <input type="checkbox"/> DHS/FEMA 3. <input type="checkbox"/> CITY/TOWN/VILLAGE 6. <input type="checkbox"/> INDUSTRY/BUSINESS 9. <input type="checkbox"/> NDER/IMA	1. <input type="checkbox"/> ALL CAREER 2. <input type="checkbox"/> ALL VOLUNTEER 3. <input type="checkbox"/> COMBINATION	1. <input type="checkbox"/> PAID FULL TIME 2. <input type="checkbox"/> PAID PART TIME 3. <input type="checkbox"/> VOLUNTEER 4. <input type="checkbox"/> 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
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**19. APPROVAL BY HEAD OF THE SPONSORING ORGANIZATION (NOT REQUIRED FOR SELF STUDY PROGRAMS)**

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
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**20. ADDITIONAL ENDORSEMENTS FOR APPLICATION TO THE EMERGENCY MANAGEMENT INSTITUTE (NOT REQUIRED FOR SELF STUDY PROGRAMS)**

20a. SIGNATURE AND DATE (State Office)	20b. SIGNATURE AND DATE (FEMA Regional Office)
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21. SUBMIT APPLICATION TO APPROPRIATE SPONSOR

22a. DISPOSITION

ACCEPTED  REJECTED

22b. SIGNATURE OF REVIEWER

22c. DATE

**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 5044 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. 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. 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. **NOTE: Do not send your completed form to this address.**

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  Master Card Card # \_\_\_\_\_

**NO CHARGE**

Print card holders name: \_\_\_\_\_

Card holder's signature: \_\_\_\_\_

Acceptance confirmation notices will be mailed as soon as programs are filled or approximately two weeks prior to the start of the program. Please notify the Training Registrar at 800-627-6363 or toll free 1-877-526-3473 ext 238 promptly in the event of a need to cancel your registration. Students canceling at least seven days in advance of a program will receive a full refund.