

Student Application

A separate application is required for each course.

Please print/type and mail/fax with payment to:

CFPC, 34 Perimeter Road, Windsor Locks, CT 06096-1069

• Fax (860) 654-1889

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Pager \_\_\_\_\_

Fire Department/Organization \_\_\_\_\_

Email \_\_\_\_\_

Check box if you would like to subscribe your e-mail address to the CFPC listserv.

Are you 18 years of age or older?  Yes  No (No one under 18 is allowed to participate in hands-on programs)

ID Number \_ \_ \_ - \_ \_ \_ \_

Your ID: Consist of the First (3) Letters of your last name and Last (4) number of your social security number

Example: John Adams - SS # 000-00-5555

The new ID # will be ADA-5555

As Chief of the \_\_\_\_\_

Fire Department or as Supervisor of the \_\_\_\_\_

organization, \_\_\_\_\_

I hereby authorize the above applicant to participate in the program below and, therefore, understand that the above-named individual will be covered by my organization's Worker's Compensation Insurance while participating in such training, and that the Commission on Fire Prevention and Control, its 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 where applicable, to meet the 29 CFR 1910.134 standard for the use of respirators (Self-Contained Breathing Apparatus).

Chief or Supervisor Signature \_\_\_\_\_

No application will be accepted without tuition, authorized signature and proof of prerequisite (if needed).

Proof included. Register me for the following course:

Course Title: Canine Search Specialist Course \_\_\_\_\_

Course # USAR 08001 \_\_\_\_\_

Date(s) Nov 11 – 16, Type II Testing Nov 17, 2007 \_\_\_\_\_ Tuition: \$950.00 \_\_\_\_\_

**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  MasterCard Card # \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_ Exp. Date: \_\_\_\_\_