



VALLEY FIRE CHIEFS REGIONAL TRAINING SCHOOL

www.vfcfireschool.com



TRAINING APPLICATION

Name _____

Address _____ City _____ Zip _____

Phone (H) _____ (W) _____

Department _____ Company _____

Course Title _____ Date Applying _____

As Chief of the _____ Fire Department, I hereby authorize the above applicant to participate in the requested course and therefore understand that the above named applicant will be covered by my department's worker's compensation insurance while participating in such training. I also understand that the Valley Fire Chiefs Regional Training School, its Directors, Officers, agents or employees shall not be liable for any injuries sustained by the participants during such training. The applicant is considered by my Department's standards to be physically and emotionally fit to perform fire-fighting evolutions without special considerations and, where applicable, to meet the 29 CFR 1910.134 Standard for the use of self-contained breathing apparatus (SCBA). I further certify that all equipment worn or used by the applicant meets or exceeds all state and federal regulations at the time of this training session. I also certify that the applicant meets all the applicable prerequisite requirements.

Chief's Signature

Applicant's signature

Printed Name

Telephone Contact

Fee Enclosed Yes No (Check or Money Orders Only)

Purchase Order # _____

RETURN ALL APPLICATIONS TO:

Peter Wols. Jr.
65 Tomlinson Road
Seymour, CT 06483