



# VALLEY FIRE CHIEFS REGIONAL TRAINING SCHOOL

www.vcfireschool.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. **All payments must be received by the first day / night of class. Any request for refunds, in the case of cancellations, must be received in writing no less than two weeks prior to the start of classes.**

\_\_\_\_\_  
**Chief Signature**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Telephone Contact**

Fee Enclosed \_\_\_\_ Yes \_\_\_\_ No (Check or Money Orders Only)

Purchase Order # \_\_\_\_\_

RETURN ALL APPLICATIONS TO:

Valley Fire Chiefs Regional Fire Training School  
P.O. Box 878  
Derby, CT 06418