

Fire Training School Torrington (Burrville State Fire School)

P.O. Box 335
Pleasant Valley, CT 06063

Chairman Tom Osborne
Director Richard T. Winn
Asst. Director John B. Field Jr.

Course Application

Name: _____ Date of Application: _____

Course Name: _____ Course Fee: _____

Student ID: _____

(First 3 Initials of last name and last 4 numbers of social security number)

(Example: Joe Smith; SS# 123-45-6789: ID would be SMI-6789)

Home Address: _____

City/Town: _____ State: _____ Zip Code: _____

Phone: (Home) _____ (Work) _____

(Cell) _____ E-Mail: _____

Are you at least 18 Years of Age? Yes No

Firefighter I & II applicants **must** be at least 18 years of age

Applicants Signature

As Chief of the _____ Fire Department, I hereby authorize the above applicant to participate in the Firefighter I or II program and therefore understand that the above named individual will be covered by my department's worker's compensation insurance while participating in such training and that the Burrville State Fire School, its' officers', Instructors', Agents' or Employees' shall not be liable for any injuries sustained during such training. The 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's Signature

Date

Purchase Order #

Authorized Billing Signature

(Please complete both sides)

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***Please include a copy of the medical clearance for Firefighter I and II courses.

(Please complete both sides)

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DOB: _____

Emergency Contact: _____ Phone #: _____

Department Representing: _____

Company/Unit: _____ Town: _____

Circle One: Career Volunteer

Date Entered Fire Service: _____ Rank: _____

Fire Chief's Name: _____ Phone #: _____

Email Address: _____

Training Officer's Name: _____ Phone #: _____

Email Address: _____

Fire Department Mailing Address: _____

I _____ authorize the Burrville State Fire School
to release my training records for the _____ course in which I am enrolled to
_____.

Signed: _____ Dated: _____

(Please complete both sides)