

STUDENT APPLICATION FORM 2018

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 (Primary)	
Work	
Cell	
Fire Department/Organization	
E-mail	
<input type="checkbox"/> Check box if you would like to subscribe your e-mail address to the CFPC listserve.	
Are you 18 years of age or <input type="checkbox"/> Yes <input type="checkbox"/> No (No one under 18 is allowed to participate in hands-on fire programs) Medical Programs are open to 16-17 Years old	
Returned check policy A \$35.00 fee will be assessed to all returned checks (insufficient funds, stop payment, etc). In order to complete your registration after the receipt of a returned check, you must submit cash, money order, or a bank check including the amount of tuition and there turned check fee to the registrar.	

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
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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).	
<input type="checkbox"/> Proof included. Register me for the following course: <input type="checkbox"/> Proof of Certification Prerequisite Attached	
Course Title	
Course #	
Date(s)	Tuition
Method of Payment — Payment is required at time of registration. Faxes must include Credit Card or Purchase Order #.	
<input type="checkbox"/> Check, made payable to CFPC	No cash accepted. Course fee must be paid by credit card, personal check, bank check or money order.
<input type="checkbox"/> Purchase Order #	
Method of payment must be identified	
VISA MasterCard Card - Card Holder's Name:	
Card Holder's Signature:	Exp. Date: Security Code:

FLASHOVER PERMISSION FORM 2018

CONNECTICUT FIRE ACADEMY
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION

Flashover Permission form

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

CFPC, 34 Perimeter Road, Windsor Locks, CT 06096-1069 • Fax (860) 654-1889

The following must be completed prior to receiving Flashover Survival training.

Participant's Signature: _____ Date: _____

Participant's Name: _____

As the Chief of the _____ Fire Department, _____

I hereby authorize the above applicant to participate in the Flashover Simulator, and therefore understand that the above mentioned member(s) will be covered by my department'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(s) is considered by my department's standards to be physically and emotionally fit to perform firefighting evolutions without special considerations, and to meet the CFR 1910.134 standard for the use of respirators (Self-Contained Breathing Apparatus).

I further understand that the Commission on Fire Prevention and Control, its commissioners, officers, agents or employees shall not be liable for any damage to the above mentioned members' protective equipment while participating in Flashover Survival training. According to the Flashover Container manufacturer, firefighting helmets constructed with polycarbonate will be prohibited.

Chief's Signature: _____ Date: _____

Chief's Name: _____

(Please Print)

RELEASE AND INDEMNIFICATION

FLASHOVER SURVIVAL TRAINING

In consideration of the willingness of the Commission on Fire Prevention and Control to allow me to participate in Flashover Survival Training, and in acknowledgment of the risks inherent in this activity, I, _____, hereby agree to release, discharge, and hold harmless the State of Connecticut, the Connecticut Department of Emergency Services and Public Protection, the Commission on Fire Prevention and Control and their officers, agents and employees from and against any and all claims, demands, actions, causes of action, judgments, executions, damages, costs and expenses, which I or my heirs, executors, administrators or assigns or any person or entity now have or may have against the State of Connecticut, the Connecticut Department of Emergency Services and Public Protection, the Commission on Fire Prevention and Control and its officers, agents and employees, for any and all losses, costs, expenses (including attorney's fees), damages and injuries known or unknown, and injuries to property, real or personal, caused by, arising out of, during, or in any way connected with my participation in Flashover Survival Training and that my participation is at my own risk.

This instrument is a fair and final release of all claims of every nature and kind whatsoever. I, the undersigned, have carefully read this release and understand its contents. I execute it voluntarily and with full knowledge of its significance.

Dated this _____ day of _____, 2018.

Signature

IN SERVICE TRAINING REQUEST FORM 2018

CONNECTICUT FIRE ACADEMY
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION

CONNECTICUT FIRE ACADEMY

**34 Perimeter Road, Windsor Locks, CT 06096-1069 (860) 627-6363,
1-877-528-3473 (Toll Free In CT). Fax (860) 654-1889**

- All Connecticut Fire Academy courses in the Course Catalog or calendar can be arranged for delivery at any Fire Department.
- Custom courses not in the Course Catalog can also be arranged to meet your specific training needs.
- To contract courses please fill out the training request form below and mail or fax to the Connecticut Fire Academy.
- Fill out one form per course request.
- When the training request form is received, a Program Coordinator will contact you with the details.

The following organization requests In-service training to be conducted by The Connecticut Fire Academy:

Requested Course Title

Sponsoring Organization

Mailing Address

City/State/Zip

Training Site Location
(Street Address)

1st Start Date: _____ End Date: _____

Alternate Date: _____ End Date _____

Number of seats in Training Room _____

Authorized Official _____

Contact Person _____

Contact Person Title _____

Primary Phone _____ Additional Phone _____

E-mail Address _____

Signature _____

Mail or Fax to:
Connecticut Fire Academy
34 Perimeter Road
Windsor Locks, CT 06096-1069
(860) 627-6363 or 1-877-528-3473 (Toll Free in CT)
Fax (860) 654-1889

Is classroom outfitted with equipment to display power point presentation?

Yes No

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