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

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

Last Name	First Name
Home Address	
City	
State	Zip
Phone (Primary)	
Work	
Cell	
Fire Department/Organization	
E-mail	
☐ Check box if you would like to subscribe your e-mail address to the CFPC listserve.	

Are you 18 years of age or ☐ Yes ☐ 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.

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:
☐ Proof of Certification Prerequisite Attached

Course Title

Course #

Date(s)

Method of Payment — Payment is required at time of registration. Faxes must include Credit Card or Purchase Order #.

☐ Check, made payable to CFPC

No cash accepted. Course fee must be paid by credit card, personal check, bank check or money order.

☐ Purchase Order #

Method of payment must be identified

VISA MasterCard Card -
Card Holder's Name:

Card Holder's Signature: Exp. Date: Security Code: