

Student Application Form

Connecticut
Fire
Academy



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 number: (860) 654-1889

Last Name _____

First Name _____

Home Address _____

City _____

State _____ Zip _____

Phone (Home) _____

Work _____

Cell _____

Pager _____

Fire Department/Organization _____

Email _____

Check box if you would like to subscribe your email address to the CFPC listserv.

Are you 18 years of age or older? Yes No

(No one under 18 is allowed to participate in hands-on programs)

ID Number _ _ _ - _ _ _ _

Your ID consists of the first (3) letters of your last name and the last (4) numbers of your social security number.

Example: John Adams - SS # 000-00-5555
The new ID # will be ADA-5555

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)

Register me for the following course:

Course Title **Firefighter Cancer Support Network**

Course # **09219**

Date(s) **Friday, June 5, 2009** Tuition **\$55.00**

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

Check made payable to **CFPC**

Purchase Order # _____

VISA or MasterCard Card # _____

Card Holder's Name: _____

Card Holder's Signature: _____

Exp. Date: _____