

Mystic Hook and Ladder Co. Inc.
presents
Truck Company Operations

*Please **PRINT** all information legibly as it will appear on your permanent records. This entire application must be completed by **both** the Department & trainee prior to submission. Please forward this application with PO# to Treasurer William Waterhouse at wwaterhouse@comcast.net or mail application and payment to Mystic Hook and Ladder Co. PO Box 242 Mystic, CT 06355*

APPLICANT DATA

Last name	First name	MI
Home Street Address		
Town	State	Zip Code
Telephone Home ()	Work ()	Cell ()
Fire Department Name:		
Fire Department City/Town:		
Email Address: (It is the candidate's responsibility to notify the lead instructor of email address changes)		

DEPARTMENT APPROVAL

<p>As Chief of the _____ Fire Department, I hereby authorize the applicant to participate in this program and, therefore, understand that the applicant will be covered by my organization's Worker's Compensation Insurance while participating in such training, and that the Mystic Fire Department, the Mystic Hook and Ladder Co., it's commissioners, officers, instructors, agents or employees shall not be liable for any injuries sustained during such training.</p> <p>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 29 CFR 1910.134 standard for the use of respirators (Self Contained Breathing Apparatus) and 29CFR1910.156 for Firefighting operations. Additionally, the personal protective equipment (structural firefighting gear and SCBA) are NFPA and OSHA compliant for such activities.</p>	
<p>Chief of Department, printed name</p> <hr style="border: 0.5px solid black;"/>	<p>Signature, Fire Chief _____</p> <p>Date _____</p>

Course Fee:
Dinner/Lecture:\$50.00
Dinner/Lecture and Lunch/Hands-On \$200.00.
Make Payable to Mystic Hook and Ladder Co.

Please check payment type below:

Cash	Check-please indicate check # and date	Purchase order #
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By my signature below, I certify that the above information is true and correct to the best of my knowledge and that I will be at least 18 years of age on the date of the training. I further certify that I have not been convicted of a felony and I understand that intentionally making a false statement on this application is a Class A misdemeanor.

Applicant's Signature	Date
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