

WOLCOTT STATE FIRE TRAINING SCHOOL

presents

Fall 2016 Firefighter 2

This training class will meet the NFPA 1001 Standard for Firefighter Professional Qualifications for Firefighter 2, 2013 edition. This class will run on Tuesdays and Thursday nights from 6:30pm-10:30 pm, and various Saturdays and Sundays from 8am -16:30pm. Jones & Bartlett Fundamentals of Firefighter skills 3rd Edition will be used for this program. This manual is NOT included within the tuition, and will be available for purchase on the first day of class if needed (cost 125.00). Students will need to provide their own Full protective clothing and SCBA with spare cylinder.

Starting Date: Tuesday September 27th, 2016

Class Dates: September 27, 29 October 4, 6, 11, 13, 20, 23, 25, 27, 29

November 1, 6, 15, 17, 20, 29 Dec 4, 15 (Dec 4th Practical skills exam), (Dec. 15th Written Certification Exam)

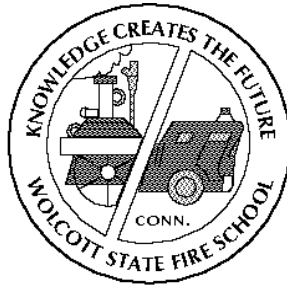
Location: Wolcott State Fire Training School, Boundline Road, Wolcott, CT 06716

Class Cost \$ 650.00 Includes certification testing fees.

Application Closing Date: September 17th, 2015

For further information, please contact school Director Steve Veneziano, at wsfsdirector@aol.com, or 203-592-0624 or visit us on the web at www.wolcottfireschool.com

TRAINING APPLICATION



WOLCOTT STATE FIRE TRAINING SCHOOL

PO Box 6233

Wolcott, CT 06716

203-879-1559 Fax 860-945-3532

(faxed in applications will not be accepted without a PO# or invoicing information)

Name _____ Phone _____

Street _____ Town _____ Zip _____

Date of Birth _____ Fire Dept. _____

Course **FIREFIGHTER 2** Start Date **September 27th, 2016** Fee **\$ 650.00**

As Chief of the _____ Fire Department I hereby authorize the above applicant to participate in the above course and, therefore, understand that the above mentioned member will be covered by my department's insurance while participating in such training and that the Wolcott State Fire School, its officers, agents or employees shall not be liable for any injuries sustained during such training. This candidate is considered by my department's physician to be emotionally and physically fit to perform fire-fighting evolutions without special considerations.

Chief's Name _____

Chief's Signature _____ Date _____

Student's Signature _____ Date _____

Billing address _____ PO# _____

(Please check one) I will provide my own manual I will need to purchase a manual (approx. \$125.00)

Attach a copy of all prerequisite certificates. (if necessary) List an emergency contact person:

Name _____ Phone _____

Students Email address _____

Emergency Contact name /number _____

Department Chief's emergency contact number _____

NO application will be approved without Payment or a Purchase Order Reference#

