

WOLCOTT STATE FIRE TRAINING SCHOOL

presents

Spring 2013 Firefighter I

and

Hazardous Materials Operational Certification Training Program

This training class will meet the NFPA 1001 Standard for Firefighter Professional Qualifications for Firefighter I, 2008 edition, as well as State of CT certification in Hazardous Materials Operational NFPA 472, 2008 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, and will be conducted at the Wolcott State Fire Training School.

Jones & Bartlett Fundamentals of Firefighter skills 2nd Edition will be provided for each student. Students will need their own Full protective clothing and SCBA with spare cylinder. Respirator Fit Testing for Scott and Survivor SCBA's will be conducted during the class.

Start Date: Tuesday March 19th, 2013 Scheduled dates are subject to change.

March 19, 21, 23, 26, 28, 30 April 2, 4, 6, 9, 11, 13, 14, 18, 20, 23, 25, 27, 30

May 2, 4, 7, 9, 11, 14, 16, 18, 21, 23, 30 June 1, 2, 4, 6, 8, 11, 13, 15, 18, 20, and
(22nd practical skills exam) July 9, and (11th written exam)

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

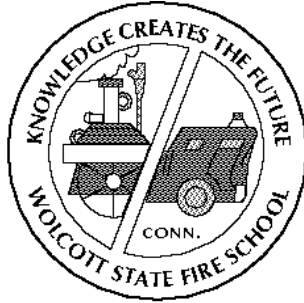
Class Cost \$ 650.00 Includes all manuals, and certification testing fees.

Class size is limited to 34 students and is filled on a first come first served basis.

Application Closing Date: March 9th, 2013 or when filled. (Don't get shut out)

For further information, please contact school director, Steve Veneziano, at
wsfsdirector@aol.com or 203-592-0624

TRAINING APPLICATION



WOLCOTT STATE FIRE TRAINING SCHOOL
PO Box 6233
Wolcott, CT 06716
Phone 203-879-1559 Fax 860-945-3532

Name _____ SS# _____ Phone _____

Street _____ Town _____ Zip _____

Date of Birth _____ Fire Dept. _____

Course **FIREFIGHTER 1/ HM AWOPS** Start Date **March 19th, 2013** 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# _____

List an emergency contact person:

Name _____ **Phone** _____

Students Email address _____

List your Dept. Chief's emergency phone number _____

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

