

# Connecticut Fire Academy Program Application

## Separate application is required for each program

Please print or type and mail or fax with payment to **CFPC, 34 Perimeter Road, Windsor Locks, CT 06096-1069 • Fax (860) 654-1889**

Social Security # \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_

Fire Department/Organization \_\_\_\_\_

Are you 18 years of age or older?  Yes  No (No one under 18 is allowed to participate in hands-on programs)

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 program:

Program Title \_\_\_\_\_ Program # \_\_\_\_\_

Date(s) \_\_\_\_\_ Tuition \_\_\_\_\_

**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  MasterCard Card # \_\_\_\_\_ Signature \_\_\_\_\_ Exp. Date \_\_\_\_\_

*If additional applications are required, copy as needed.*

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