



Course Name: _____ Location: _____ Start Date: ____ / ____ / ____

FFID# First 4 letters last name, First letter of first name, Last 4 of social security number.
Example: John Academy 000-99-1234 use: ACADJ1234

Instructor Information

First Name: _____ Last Name: _____ FFID #: _____

Email Address: _____ Cell Phone: _____ - _____ - _____

Instructor Confirmation

☐ By attending this program free of charge as a CT Fire Academy I agree to be become credentialed for this program after approval by the Program Manager or Coordinator and will begin a process outlined by the Program Manager or Coordinator to begin participating in teaching within this program.

Name: _____ Signature: _____ Date: _____

Director of Training Confirmation

☐ By signing the Director of Training *confirming the Connecticut Fire Academy Instructor is approved to attend the training course outline above free of charge.*

Name: _____ Signature: _____ Date: _____

Supplying or condoning the submission of false information to this agency may be in violation of Connecticut General Statute's 53a-157b – False statement.