

APPENDIX A

FIRE AND EMERGENCY SERVICES DIVISIONS TRAINING APPLICATION

(Application is required to be completed for each course – complete applicable sections – please print)

| | | | | | | |
|---|---|---------------------|-----------|----------------|-----------------------------|-------------|
| Course Name: | | Location: | | Date of Course | | |
| Certification Testing Requested: YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | |
| APPLICANT INFORMATION | First Name: | | Last Name | | Date of Birth: (mm-dd-yyyy) | |
| | P.O. Box/Street | | City/Town | | Province | Postal Code |
| | Home Phone #: | Cell /Work Phone #: | | Email: | | |
| FIRE DEPT/ ORGANIZATION INFORMATION | Name: | | Phone #: | | Cell #: | |
| | Alternate Contact Name: | | Phone #: | | Cell #: | |
| APPLICABLE TO EMERGENCY MANAGEMENT COURSES | Please Check Courses Completed (if applicable): | | | | | |
| | <input type="checkbox"/> BEM/EPO <input type="checkbox"/> EOCD <input type="checkbox"/> EPI <input type="checkbox"/> ESM Other _____ | | | | | |
| APPLICABLE TO FIRE PROTECTION COURSES | Required for Driver Training - Fire Apparatus Driver/Operator Only: | | | | | |
| | Driver's License #: _____ | | | | | |
| | Proof of Class 9 Air Brake Endorsement Required: _____ | | | | | |
| If certified to Firefighter I, please indicate Seal Number: _____ | | | | | | |

Date

Supervisor / Fire Chief's Signature

Date

Applicant's Signature

APPLICATIONS MUST BE SENT DIRECTLY TO:

Fire and Emergency Services Divisions –Government of Newfoundland and Labrador
P.O. Box 8700, 25 Hallett Crescent, St. John's, NL A1B 4J6
Telephone: (709) 729-1608 / 3703 or Fax: (709) 729-2524 / 3857

*Personal information is being collected in accordance with section 32(c) of the *Access to Information and Protection of Privacy (ATIPP) Act* and will only be used for Fire and Emergency Services Divisions-and International Fire Service Accreditation Congress training purposes. Any questions or comments can be directed to telephone: (709) 729-1608 / 3703.