



## FIRE SERVICES DIVISION TRAINING APPLICATION

(Applications are required for EACH course. Complete ALL applicable sections & PRINT all information.)

Course Name:		Location:		Date(s) of Course:	
Do you also want to apply for NFPA Certification Testing for this course, at this time: <input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>APPLICANT'S INFORMATION (PLEASE COMPLETE ALL FIELDS)</b>					
Official First Name:		Middle Name:	Last Name:		Date of Birth: (Month-Day-Year)
P.O. Box # _____ or BOX # _____ or Site # _____			House No. & Name of St./Rd./Ave./Drive/Place, etc.		
City / Town:		Province:		Postal Code:	
Home Telephone #:	Work Telephone #:		Cell / Mobile #:	Email:	
<b>THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS</b>					
(If you are registering as a member of a Fire Department) Name of Fire Department:			Telephone #:	Contact Person:	
			Fax #:		
(If you are registering as a member of an Organization) Name of Organization (Government, Municipality /Local Service District, Business, etc.):			Telephone #:	Contact Person:	
			Fax #:		
<b>REQUIRED DOCUMENTATION</b>					<b>COPY ATTACHED</b>
Driver/Operator – Driver: A copy of valid NL Driver's License with proof of Air Brake Endorsement					<input type="checkbox"/> YES
Firefighter I Module 2 Training/NFPA Testing: A copy of Current Standard CPR/1 <sup>st</sup> Aid and Medical Consent Form					<input type="checkbox"/> YES
Firefighter II Training/NFPA Testing: A copy of Current Standard CPR/1 <sup>st</sup> Aid, Medical Consent Form signed by physician or fire chief. *Note* Vehicle Extrication Course is also required for certification testing.					<input type="checkbox"/> YES
NFPA 1006 Vehicle Rescue Testing: A copy of current Emergency Medical Responder 40-Hr course, or Advanced First Aid for Firefighters, and Medical Consent form signed by physician of fire chief.					<input type="checkbox"/> YES
Air Brake Endorsement: A copy of your valid NL Driver's License must be attached to this Application Form					<input type="checkbox"/> YES

\_\_\_\_\_ **Date**                      \_\_\_\_\_ **Fire Chief's Signature**                      or                      \_\_\_\_\_ **Supervisor's Signature (Organization)**  
 \_\_\_\_\_ **Date**                      \_\_\_\_\_ **Applicant's Signature**

\*Personal information is being collected in accordance with section 61(c) of the Access to Information and Protection of Privacy (ATIPP) Act and will only be used for Fire Services Division (FSD) & International Fire Service Accreditation Congress training purposes. Any questions or comments can be directed to the telephone numbers indicated below.

**APPLICATIONS MUST BE SENT DIRECTLY TO:**  
 Fire Services Division  
 P.O. Box 8700, 45 Major's Path, 2<sup>nd</sup> Floor, St. John's, NL A1B 4J6  
 Telephone: (709) 729-1608 / 729-3703 or Fax: (709) 729-2524 / 729-3857