



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	
Is this application for Certification Testing: 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:		Fax #:		
			Phone #:	Cell #:	
			Fax #:		
APPLICABLE TO EMERGENCY MANAGEMENT COURSES	Please Check Courses Completed (if applicable): <input type="checkbox"/> BEM <input type="checkbox"/> EOCM <input type="checkbox"/> ICS 100 <input type="checkbox"/> ICS 200 Other _____				
REQUIRED DOCUMENTATION: APPLICABLE TO FIRE PROTECTION COURSES	<ul style="list-style-type: none"> • <u>Air Brake Endorsement</u>: copy of valid NL Driver's License • <u>Driver/Operator-Driver Training</u>: copy of valid NL Driver's License with Air Brake Endorsement • <u>Firefighter I Module II Training/Testing</u>: copy of current standard CPR/1st Aid • <u>Firefighter II Training/Testing</u>: copy of current standard CPR/1st Aid • <u>Vehicle Rescue - Awareness, Ops & Tech Testing</u>: copy of Emergency Medical Responder 40-hour course or Advanced First Aid for Firefighters • <u>Fire Service Rapid Intervention Crew</u>: copy of current standard CPR/1st Aid 				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

_____ **Date**

_____ **Supervisor / Fire Chief's Signature**

_____ **Date**

_____ **Applicant's Signature**

APPLICATIONS MUST BE SENT DIRECTLY TO:

Fire and Emergency Services Divisions
P.O. Box 8700, 45 Major's Path, 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