Director of Training Atlantic County Fire Academy Atlantic County Fire Training Center 5033 English Creek Avenue

Egg Harbor Township, N.J. 08234-5743 Ph: 609-407-6743 Fax: 609-407-6745

PLEASE PRINT ALL INFORMATION CAREFULLY

PRE-REGISTRATION FOR:		DA	ATES OF COURSE:	
PREREQUISITES: A		AT	TTACH COPIES OF CERTIFICATES	
		RI	RETURN BY: 10 DAYS PRIOR TO	
			START OF CLASS	
LAST NAME 1.	FIRST NAME	MI	SOCIAL SECURITY	PHONE NUMBER
2.				
3.				
4.				
5.				
6.				
Dress: CLASS ROOM: CASUAL DRILL FIELD: FULL PPE & SCBA WHEN NECESSARY				S NOT PERMITTED
WE CERTIFY THAT THE STUDENTS LISTED ABOVE DO NOT HAVE ANY PHYSICAL AND/OR OTHER CONDITIONS THAT WOULD PREVENT THEM ACTIVELY PARTICIPATING IN ALL PORTIONS OF THIS COURSE. WE UNDERSTAND THAT PAYMENT FOR ANY MEDICAL, FIRST AID AND RELATED CHARGES WILL BE THE RESPONSIBILITY OF THE SPONSORING ORGANIZATION. SUBMISSION OF A SIGNED APPLICATION AUTOMATICALLY INDICATES COMPANY/DEPARTMENT AGREES TO POLICIES OUTLINED IN COURSE PUBLICATION.				
FIRE DEPT/CO OR OTHER SPONSORING ORGANIZATION: PRINT CLEARLY NAME:				
ADDRESS:				
(Please include on all registration forms, No Exceptions)				
THE ABOVE CONDITIONS ARE UNDERSTOOD AND STUDENTS ATTENDING ARE AUTHORIZED BY:			PRINT SIGNATURE:	
AUTHORIZED SIGNATURE	DATE:		TITLE:	
FORM OF PAYMENT: CO. CHECK			PHONE: (WORK) ()
CO. VOUCHER/PO PERSONAL CHECK		_	PHONE: (HOME) ()
IN THE AMOUNT OF \$ IS ATTACHED			STATION: ()
PAYMENT IS REQUIRED WITH SUBMISSION OF THIS REGISTRATION FORM. REFUNDS WILL BE MADE ACCORDING TO POLICIES OUTLINED IN COURSE PUBLICATION.			FAX ()