

**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:	DATES OF COURSE:
PREREQUISITES:	ATTACH COPIES OF CERTIFICATES
COURSE #:	RETURN BY: 10 DAYS PRIOR TO START OF CLASS

1.	LAST NAME	FIRST NAME	MI	SOCIAL SECURITY	PHONE NUMBER
2.					
3.					
4.					
5.					
6.					

Dress: CLASS ROOM: CASUAL
DRILL FIELD: FULL PPE & SCBA WHEN NECESSARY **CUTOFFS or SHORTS 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, DAMAGED EQUIPMENT, 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:		
AUTHORIZED SIGNATURE	DATE	TITLE
FORM OF PAYMENT:		
CO. CHECK # _____	PHONE: (WORK) _____	
CO. VOUCHER/PO # _____	PHONE: (HOME) _____	
PERSONAL CHECK _____	STATION: _____	
IN THE AMOUNT OF \$ _____ IS ATTACHED		
PAYMENT IS REQUIRED WITH SUBMISSION OF THIS REGISTRATION FORM. REFUNDS WILL BE MADE ACCORDING TO POLICIES OUTLINED IN COURSE PUBLICATION.		FAX: _____