**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** |

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

**Dress:** CLASSROOM: CASUAL **CUTOFFS or SHORTS NOT PERMITTED**
DRILL FIELD: FULL PPE & SCBA WHEN NECESSARY

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 _____<br>CO. VOUCHER/PO _____ PERSONAL CHECK _____<br>IN THE AMOUNT OF $_____ IS ATTACHED | PHONE: (WORK) ( )_____<br>PHONE: (HOME) ( )_____<br>STATION: ( )_____ |
| PAYMENT IS REQUIRED WITH SUBMISSION OF THIS REGISTRATION FORM. REFUNDS WILL BE MADE ACCORDING TO POLICIES OUTLINED IN COURSE PUBLICATION. | FAX ( )_____ |