

Frandford Mutual Aid Fire Training Association
2008 Oxford Hills FFI and FFII Certification Program Spring-Fall 2008
STUDENT REGISTRATION & PERMISSION FORM

NAME: _____
FIRE DEPT: _____
Home Address: _____
City: _____ **State:** _____ **Zip:** _____

Phone:
(hm) _____|_____
(wk) _____
(cell) _____

Emergency Contact Name:

& Phone # _____

EMAIL: _____

I need _____ I have _____ J&B Student Guide & Workbook

I, _____ (Fire Chief) certify that the above applicant is in good standing and a current member of the: _____ Fire Department. I further certify that the firefighter is covered by Workman's Compensation, is not presently drawing Workman's Compensation benefits, & if SCBA certified & participating in SCBA training is medically and physically fit for this training, including complete and current (as required by Maine Law) respiratory clearance & fit tests for SCBA status.

Fire Chief's Signature:

(authorizing attendance)

*Bring this signed form to orientation and the first night of class:
Tuesday, April 1st, 2008 at the Paris Fire Station
This registration form covers training for the
2008 Oxford Hills FFI and FFII Training Program
FMI email: info@frandford.org or phone 890-4590*