

Frandford Mutual Aid Fire Training Association

STUDENT REGISTRATION / PERMISSION FORM

NAME: _____ Fire Dept _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: (hm) _____ (wk) _____ (mobile) _____

Emergency Contact Name: _____ & Phone # _____

EMAIL: _____ Date Entered Fire Service: _____

SCBA certified YES _____ NO _____

FFI Candidate YES _____ NO _____

I, (signature) _____ (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, and if SCBA certified and participating in SCBA training is medically and physically fit for this training, including complete and current (as required by Maine Law) respiratory clearance and fit tests for SCBA status.

Fire Chief Signature:

(authorizing attendance)

Permission Covers:
check one:

_____ Class/Course Name: _____

_____ Any & all Frandford sponsored classes/training until Dec 31, 2011