



Fairfield Regional Fire School

205 One Rod Highway
Fairfield, CT 06824
(203) 254-4708 • Fax (203) 254-4719

Assistant Chief
Christopher Tracy
Director

"You Fight the Way You Train"

Student Application

Course Name: _____ Start Date: _____

Last Name: _____ Fire Department: _____

First Name: _____ Phone (Home): _____

Home Address: _____ Work: _____

City: _____ Cell: _____

State: _____ Zip: _____ Email: _____

Are you 18 years of age or older? Yes No

(No one under 18 is allowed to participate in hands-on programs)

Department Authorization to Attend Training

As **Chief** of the _____ Fire Department or as **Supervisor** of the
_____ Organization,

I hereby authorize the above applicant to participate in the program below and, therefore, understand that the above-named individual will be covered by my organization's Worker's Compensation Insurance while participating in such training, and that the Town of Fairfield, Fairfield Fire Department, Fairfield Regional Fire School, its officers, directors, agents or instructors shall not be liable for any injuries sustained during such training. This applicant is considered by my department's standards to be physically and emotionally fit to perform firefighting evolutions without special considerations, and where applicable, to meet the 29 CFR 1910.134 standard for the use of respirators (Self-Contained Breathing Apparatus) OSHA CFR 1910.156 for protective clothing.

Chief/Supervisor's Signature and Date

No application will be accepted without tuition, authorized signature and proof of prerequisite if needed.

Cost of Program: \$ _____

Please make Checks payable to **Fairfield Regional Fire School**

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Call School for additional information. We do not accept credit cards.

Preference is given to members of Department's in Fairfield County.