



VALLEY FIRE CHIEFS REGIONAL TRAINING SCHOOL

www.valleyfireschoolct.org



TRAINING AUTHORIZATION FORM

Name _____

Address _____ City _____ Zip _____

Phone (H) _____ (C) _____

Department _____ Company _____

Course Title _____ Date of Birth _____

As Chief of the _____ Fire Department, I hereby authorize the above applicant to participate in the requested course and therefore understand that the above named applicant will be covered by my department's worker's compensation insurance while participating in such training. I also understand that the Valley Fire Chiefs Regional Training School, its Directors, Officers, agents or employees shall not be liable for any injuries sustained by the participants during such training or damage to equipment issued for use. The applicant is of legal age to attend the course for which they are applying, has undergone appropriate physical fitness screening, and is considered by my Department's standards to be physically and emotionally fit to perform fire-fighting evolutions without special considerations and, where applicable, to meet the 29 CFR 1910.134 Standard for the use of self-contained breathing apparatus (SCBA). I further certify that all equipment worn or used by the applicant meets or exceeds all state and federal regulations at the time of this training session. I also certify that the applicant meets all the applicable prerequisite requirements. **All payments must be received by the first day / night of class. Any request for refunds, in the case of cancellations, must be received in writing no less than two weeks prior to the start of classes.**

Student Signature:	Date:
Chief Name (Printed):	Chief Signature:
Chief Phone:	Chief Email:
Payment Type: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> PO	Check/MO/PO #:

THIS FORM IS TO BE SUBMITTED WITH PAYMENT OR MUNICIPAL PURCHASE ORDER TO THE DIRECTOR OF TRAINING ON THE FIRST NIGHT OF THE CLASS IN WHICH THE CANDIDATE IS APPLYING, OR MAILED PRIOR TO:

Valley Fire Chiefs Regional Training School
P.O. Box 878
Derby, CT 06418
Attention: Howell Williams, Treasurer