

# Fire Training School Torrington (Burrville State Fire School)

P.O. Box 335  
Pleasant Valley, CT 06063

Chairman Tom Osborne  
Director Richard T. Winn  
Asst. Director John B. Field Jr.

## Course Application

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Course Name: \_\_\_\_\_ Course Fee: \_\_\_\_\_  
\_\_\_\_\_

Student ID: \_\_\_\_\_

(First 3 Initials of last name and last 4 numbers of social security number)

(Example: Joe Smith; SS# 123-45-6789: ID would be SMI-6789)

Home Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Are you at least 18 Years of Age? Yes No

\*\*\*Firefighter I & II applicants **must** be at least 18 years of age\*\*\*

\_\_\_\_\_  
Applicants Signature

As Chief of the \_\_\_\_\_ Fire Department, I hereby authorize the above applicant to participate in the Firefighter I or II program and therefore understand that the above named individual will be covered by my department's worker's compensation insurance while participating in such training and that the Burrville State Fire School, its' officers', Instructors', Agents' or Employees' shall not be liable for any injuries sustained during such training. The 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).

\_\_\_\_\_  
Chief's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Purchase Order #

\_\_\_\_\_  
Authorized Billing Signature

(Please complete both sides)

# Fire Training School Torrington (Burrville State Fire School)

P.O. Box 335  
Pleasant Valley, CT 06063

\*\*\*Please include a copy of the medical clearance for Firefighter I and II courses.

(Please complete both sides)

# Fire Training School Torrington (Burrville State Fire School)

P.O. Box 335  
Pleasant Valley, CT 06063

DOB: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Department Representing: \_\_\_\_\_

Company/Unit: \_\_\_\_\_ Town: \_\_\_\_\_

Circle One: Career Volunteer

Date Entered Fire Service: \_\_\_\_\_ Rank: \_\_\_\_\_

Fire Chief's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Training Officer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Fire Department Mailing Address: \_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_ authorize the Burrville State Fire School  
to release my training records for the \_\_\_\_\_ course in which I am enrolled to

\_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

(Please complete both sides)