



Cape May County Fire Chief's Association Course Registration Form

21 Sand Castle Drive, Cape May Court House, NJ 08210
609-846-2033 – Deputy Chief Daniel Speigel

Course Information

Course Title (Please chose 3 in order you would like to attend): 1 st : _____ 2 nd : _____	Start Date 09/16/2010
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Student Information (to be filled out by applicant)

Name	Shirt Size	Address	
Social Security #	Date of Birth	Home and or cell phone Number	E-Mail Address (REQUIRED)

Certification Section (to be filled out by a Fire department/emergency organization officer)

Fire Department/Organization Name	Address	Telephone	Fax
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The undersigned certifies that the applicant enrolled in the above course does not have any physical and/or other conditions, which would prevent him or her from actively participating in all portions of this course. The student will be provided with PPE and SCBA by this department/organization which complies with PEOSHA standards NJAC 12:100-10 and has complied with the NJ Department of Labor adopted Respiratory Standard 29 CFR 1910.134 as it applies to medical evaluations and fit testing. The undersigned also certifies that the student enrolled in this course is covered by the department/organization's Workman's Compensation, Liability and medical insurance and will guarantee payment is satisfied. **NO REFUNDS FOR NO-SHOWS.**

Firefighting & fire training is a high-hazard job, and the work is at times extremely physically demanding. It involves heavy lifting and maneuvering in sometimes awkward and unstable positions while wearing heavy clothing and protective gear in a hot environment.

Officer Name	Rank	Signature	Date
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Payment: Check, Money Order, Government Purchase Order.

Check must be made payable to:
 Cape May County Fire Chief's Association
 21 Sand Castle Drive
 Cape May Court House, NJ 08210

\$150.00 per person

Ensure you listed all three classes in order of preference

CMCFCA Staff Use Only

Your Department's/Organization's course application has been returned for the following reasons. Please provide information requested and return.

_____ Student does not meet course prerequisite requirements _____ Fee not enclosed.

_____ Course is Full _____ Other _____

_____ Date

_____ CMCFCA Staff Member