

**MIDDLESEX COUNTY**  
1001 Fire Academy Drive • Sayreville, NJ 08872



**FIRE ACADEMY**  
Phone: 732-727-0008  
FAX: 732-721-0158

**AUTHORIZED SIGNATURE  
FORM - YEAR \_\_\_\_\_**

*(Authorization Signature Form must be updated and submitted on an annual basis)*

Form: ASF-GEN

In order to effectively and efficiently process course applications, it is necessary for the Fire Academy to have the signature of Fire Chief's and Training Officer's on file. All applications for courses must have one of these signatures on them or the application will be rejected and returned.

A copy of your organization's Workers Compensation and Liability Insurance certificate(s) must be attached to this form.

DEPARTMENT NAME	
DEPARTMENT MAILING ADDRESS	
DEPARTMENT PHONE NUMBER	COMPANY FAX NUMBER
E-MAIL ADDRESS	

**INSURANCE REQUIREMENTS**

The County of Middlesex carries insurance covering its legal liability. The County of Middlesex assumes no liability with respect to bodily injury, property damage, illness, or other damages or losses, or with respect to any claims arising out of any activity of the permit holder.

The County of Middlesex requires the applicant to produce and continue in force for the term identified on the permit comprehensive general liability insurance with limits of \$1,000,000 combined single limit. The policy must include contractual liability coverage and name the County of Middlesex as an additional insured.

The applicant shall provide the County of Middlesex with a Certificate of Insurance. The Certificate of Insurance must state that the County of Middlesex is named as an additional insured and that the policy has been endorsed to include contractual liability coverage. The Certificate of Insurance shall contain a 30-day notice of cancellation. The Certificate Holder shall be identified as the Middlesex County Fire Academy, 1001 Fire Academy Drive, Sayreville, NJ 08872.

<b>FIRE CHIEF</b>	PRINT FULL NAME	
	HOME ADDRESS	
	E-MAIL ADDRESS	
	HOME TELEPHONE	
	WORK TELEPHONE	
	TERM AS CHIEF	DATE TERM EXPIRES
	SIGNATURE	

<b>TRAINING OFFICER</b>	PRINT FULL NAME	
	HOME ADDRESS	
	E-MAIL ADDRESS	
	HOME TELEPHONE	
	WORK TELEPHONE	
	SIGNATURE	