

MIDDLESEX COUNTY

1001 Fire Academy Drive • Sayreville, NJ 08872



FIRE ACADEMY

Phone: 732-727-0008

FAX: 732-721-0158

APPLICATION FOR FIRE DEPARTMENT DRILL PROGRAM

**For
Office
Use Only**

SEPARATE APPLICATIONS ARE REQUIRED FOR EACH DRILL SESSION REQUESTED

All Information Must be TYPED or PRINTED in Block Letters

Org. No.

Ck. No.

Date Pd.

FIRE DEPT./ORGANIZATION NAME

ADDRESS FOR CONFIRMATION

TRAINING OFFICER OR
CONTACT PERSON

TRAINING/CONTACT PERSON
TELEPHONE NUMBER(S)

NUMBER OF
PERSONS ATTENDING

NAME OF CERTIFIED INSTRUCTORS
ATTENDING

NAME OF EMT/RESCUE SQUAD

Dates of Requested Drill

PRIMARY DATE

ALTERNATIVE DATE

Time of Drill (Check appropriate box)

9:00 AM TO NOON

1:00 PM TO 4:00 PM

7:30 PM TO 10:30 PM

STUDENT REQUIREMENTS:

1. Cutoffs, shorts or open toe footwear are not permitted.
2. All protective clothing must meet O.S.H.A. requirements (OSHA 29 CFR 1910.156)

3. No student shall be permitted to participate in any drill which requires the use of SCBA if they have excessive facial hair. (As per OSHA 29 CFR 1910.134 and NFPA STD. 1500 SEC.5-3-10)
4. All Fire department participants must be FF1 certified.

The _____
* shall hold harmless and indemnify the County of Middlesex, its officers, agents and employees from any and all injuries, damages and claims for damage to persons and/or property arising from the actions of its attendees at the Middlesex County Fire Academy, except as such injuries and damages are caused by the gross negligence of the County or its employees or agents.

* Insert name of fire company or organization.

The undersigned certifies that the students enrolled do not have any physical and/or other conditions which would prevent them from activity participating in all portions of this course.

The undersigned also certifies that all personnel enrolled in the above course are covered by Workman's Compensation and Liability Insurance, or are otherwise insured, as indicated by a copy of such insurance attached to the current Authorized Signature for on file.

The above conditions are understood. Application is authorized by:

.....
PRINT Name Here

.....
SIGNATURE

Date of
this Application

TITLE:

**FULL PAYMENT FOR DRILL MUST
BE SUBMITTED UPON RECEIPT
OF CONFIRMATION**

PHONE (DAY):

PHONE (FAX):

COMPLETE INFORMATION ON BACK OF THIS FORM

