

**WOLCOTT STATE FIRE TRAINING SCHOOL**  
**PO Box 6233**  
**Wolcott, CT 06716**  
**TRAINING APPLICATION**  
**(Please print or type)**

Name \_\_\_\_\_ SS# \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Fire Dept. \_\_\_\_\_

Course \_\_\_\_\_ Date \_\_\_\_\_ Fee \_\_\_\_\_

**PARENTAL SIGNATURE REQUIRED IF UNDER 18 YEARS OF AGE**

As Chief of the \_\_\_\_\_ Fire Department I hereby authorize the above applicant to participate in the above course and, therefore, understand that the above mentioned member will be covered by my department's insurance while participating in such training and that the Wolcott State Fire School, its officers, agents or employees shall not be liable for any injuries sustained during such training. This candidate is considered by my department's physician to be emotionally and physically fit to perform fire-fighting evolutions without special considerations.

Chief's Name \_\_\_\_\_

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

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Attach a copy of all prerequisite certificates**

**List an emergency contact person:**

**Name \_\_\_\_\_ Phone \_\_\_\_\_**