

# 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
Org. No.
Ck. No.
Date Pd.

SEPARATE APPLICATIONS ARE REQUIRED FOR EACH DRILL SESSION REQUESTED  
All Information Must be TYPED or PRINTED in Block Letters

FIRE DEPT./ORGANIZATION NAME:	
ADDRESS FOR INVOICING:	
EMAIL ADDRESS:	
TRAINING OFFICER OR CONTACT PERSON	TRAINING/CONTACT PERSON TELEPHONE NUMBER(S)
NUMBER OF PERSONS ATTENDING	NAME OF CERTIFIED INSTRUCTOR ATTENDING
NAME OF EMT/RESCUE SQUAD	NAME OF TRAINING AGENCY CONDUCTING TRAINING IF CONTRACTED
<b>Dates of Requested Drill</b>	
PRIMARY DATE	ALTERNATIVE DATE

**Time of Drill (Check appropriate box)**

<input type="checkbox"/> 9:00 AM TO NOON	<input type="checkbox"/> 1:00 PM TO 4:00 PM	<input type="checkbox"/> 7:30 PM TO 10:30 PM
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**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:

PHONE (DAY):

PHONE (FAX):

EMAIL:

**CANCELLATIONS MUST BE IN WRITING AT LEAST ONE WEEK PRIOR TO TRAINING.**

**COMPLETE INFORMATION ON BACK OF THIS FORM**

