

Today's Date (MM/DD/YYYY)

Please type, print out and sign form, or print out form and fill out by hand. Please write legibly.

Applicant Contact Information				
Last Name	First		Middle	
Street Address or PO Box	City		State Zip	
Home Phone #	Work Phone #	Cell Phone #	Date of Birth (MM/DI	D/YYYY) /
Email Address				
	Profes	sional Information		
Fire Department Membership (Na	me)			
SCBA Brand		Job Shirt Size		
Payment Type				
Personal Che	Department Ch	eck Cash		
Chief's Signature By signing, I attest that this applican	t has been fit-tested and is cleared fit for duty.			
Applicant's Signature				
Registration Information				

Pre-registration is required. The non-refundable registration fee is \$200 per participant. Payment and registration will reserve a space in the class.

Make checks payable to the Forsyth County Fire Rescue Association. Complete this registration form, print, and sign.

## Please send registration form and \$200 payment to:

Piedmont NC Advanced Firefighter School Attn: Wesley Hutchins Forsyth Technical Community College 2100 Silas Creek Parkway Winston-Salem, NC 27103



