



DIVISION OF FIRE SAFETY  
**VERMONT FIRE ACADEMY**  
 317 Academy Road  
 Pittsford, VT 05763  
 802-483-2755 / 800-615-3473  
 FAX: 802-483-2464  
 www.vtfireacademy.org



## AFB & FLASHOVER ADMISSION APPLICATION

*Application & proof of eligibility must be received by the VFA at least 14 days prior to the course date.*

### PERSONAL INFORMATION

FIRST NAME:	M.I.:	LAST NAME:
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
HOME TELEPHONE:	WORK TELEPHONE:	
EMAIL:		
SOCIAL SECURITY #:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH:
ID Number    _ _ _ - _ _ _ _	Your ID consists of your initials and the last four (4) numbers of your social security number. Example: John Q Adams - SS# _ _ - _ - _ The new ID# will be JQA-5555	

### AGENCY INFORMATION

DEPARTMENT/AGENCY:		
RANK/POSITION:	<input type="checkbox"/> PERMANENT <input type="checkbox"/> CALL <input type="checkbox"/> VOLUNTEER	
AGENCY MAILING ADDRESS:		
CITY:	STATE:	ZIP:
AGENCY TELEPHONE:		

### PROGRAM INFORMATION

PROGRAM DATE:	LOCATION:
I certify that the information recorded on this application is correct. I agree to abide by the rules, policies, and regulations of the Vermont Fire Academy if I am admitted as a student. Falsification of information may result in denial of a course certificate. I hereby authorize release of any and all information concerning this course to the appropriate authority. All requests for information shall be in writing from said chief or designee.	
SIGNATURE OF APPLICANT:	DATE:

### **STUDENT PREREQUISITE SKILL COMPLIANCE TO NFPA STANDARD 1403 LIVE FIRE TRAINING**

The firefighter applicant has the following skill-based training as stated in the *National Fire Protection Association Standard (NFPA) 1403 "Live Fire:"* **Must be 18 years of age**

Units 1, 2, & 3 or  Sections A, B, & C or  Firefighter I Certification    Date Achieved: \_\_\_\_\_  
 OR This firefighter has received training and performance evaluation in accordance with *NFPA 1001 Standard for Fire Fighter Professional Qualifications*. I certify that his/her job skills are compliant with prerequisites defined in NFPA 1403.

Firefighter will comply with the Vt. Fire Service Training Council's Facial Hair/Beard Policy.

I, the undersigned, certify that the applicant listed above meets the criteria, is a member of our fire department/agency and is covered by Worker's Compensation Insurance.

AUTHORIZED SIGNATURE (CHIEF ONLY):	DATE:
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**ANY QUESTIONS? Please give us a call before mailing or faxing this form to the address above.**

~OFFICE USE ONLY~

RECEIVED:	NOTES:
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