



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



## GENERAL ADMISSION APPLICATION

### PERSONAL INFORMATION

FIRST NAME:	M.I.:	LAST NAME:
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
HOME TELEPHONE:	WORK TELEPHONE:	
SOCIAL SECURITY #:		
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	
E-MAIL:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	DATE OF BIRTH:

### 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 REQUESTED:	
PROGRAM START 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 my enrollment in this course to the chief officer in charge or designee of my organization. All requests for information shall be in writing from said chief or designee.	
SIGNATURE OF APPLICANT:	DATE:

I certify that the listed applicant is a member of our fire department/agency and is covered by Worker's Compensation Insurance. Non-affiliated students shall provide proof of insurance.	
AUTHORIZED SIGNATURE (CHIEF OR AUTHORIZED FISCAL AGENT):	DATE:

**ANY QUESTIONS? Please give us a call before mailing or faxing this form to the address above.**

~OFFICE USE ONLY~

DATE RECEIVED:	NOTES:
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