



Mercer County Fire Academy
 Capt. John T. Dempster Sr. Fire Training Center
 350 Lawrence Station Road
 Lawrenceville, NJ 08648
 Telephone: (609) 799-3245 Fax: (609) 799-1549



COURSE APPLICATION AND REGISTRATION FORM

Course Information

Course Title	Start Date
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Applicant Information (to be completed by the applicant)

Name		Mailing Address	
NJ DFS Firefighter #	NJ OEMS EMT Certification #	Date of Birth	
Home Phone	Cell Phone	E-Mail Address	

Enrollment & Course Requirement Reminders:

Only those applicants meeting and providing course pre-requisites will be accepted. Please ensure all necessary documentation is attached.	No student shall be permitted to attend/participate in any course or evolution which requires the use of an SCBA if they have excessive facial hair.	Casual but neat clothing is permitted, no cutoffs, non-fire department uniform shorts or open toe footwear will not be permitted.
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Certification Section (to be reviewed by the Applicant and completed by the Agency, Department or Organization)

Agency/Department/Organization Name	Mailing Address
Agency/Department/Organization Phone	Agency/Department/Organization Fax

The undersigned certifies that the applicant enrolled in the above course does not have any physical and/or other conditions, which would prevent him or her from actively participating in all portions of this course. The student will be provided with PPE and SCBA by this department/organization which complies with PEOSHA standards NJAC 12:100-10 and has complied with the NJ Department of Labor adopted Respiratory Standard 29 CFR 1910.134 as it applies to medical evaluations and fit testing. The undersigned also certifies that the student enrolled in this course is covered by the department/organization's Workman's Compensation, Liability and medical insurance as indicated by a copy of a current certificate of insurance attached to this application or on file at the Fire Academy.

The above named organization and individual shall hold harmless and indemnify the County of Mercer, the Mercer County Community College and the Mercer County Fire Academy, 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 Mercer County Fire Academy, except as such injuries and damages are caused by the gross negligence of the Academy or its employees or agents.

Authorizing Officer's Name	Authorizing Officer's Rank	Authorizer's Signature	Date
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For Fire Academy Use Only

Your Department's/Organization's course application has been approved. Invoice will be forwarded once class begins.

_____	_____
Date	Mercer County Fire Academy

Your Department's/Organization's course application has been returned for the following reasons. Please provide information requested and return.

_____ No current Certificate of Insurance _____ Student does not meet course prerequisite requirements

_____ Course is Full _____ Other _____

_____	_____
Date	Mercer County Fire Academy