Division of Fire Safety
VERMONT FIRE ACADEMY
93 Davison Drive
Pittsford, VT 05763
802-483-2755 / 800-615-3473
FAX: 802-483-2464
www.firesafety.vermont.gov

EMERGENCY VEHICLE DRIVER TRAINING ADMISSION APPLICATION
Application and proof of eligibility must be received by the VFA at least 14 days prior to the course date.

Personal Information

First Name:	Middle Initial:	Last Name:

Mailing Address:		

City:	State:	Zip Code:

Home Phone:	Work Phone:	Other Phone:

E-Mail:		

Date of Birth:	☐ Male ☐ Female

Student ID Number: -	The Student ID consists of your initials and the last 4 digits of your social security number. (ABC-1234)

Agency Information

Department/Agency Name:	

Rank/Position:	☐ Permanent ☐ Call ☐ Volunteer

Agency Mailing Address:		

City:	State:	Zip Code:

Agency Phone:		

Program Information

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.

Applicant Signature:	Date:

STUDENT PREREQUISITE COMPLIANCE

NFPA 1002, 1.5.1
Emergency response personnel who drive and operate fire apparatus shall be licensed to drive all vehicles they are expected to drive and operate.

☐ The applicant has a current and valid Driver's License

I certify that the listed applicant is a member of our fire department/agency, has the above indicated prerequisite, and is covered by Worker's Compensation Insurance. Non-affiliated students shall provide proof of insurance.

Authorized Signature (Chief or Authorized Fiscal Agent):	Date:

- OFFICE USE ONLY -

Date Received:	Approved:	Denied:	Entered: