



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



HAZARDOUS MATERIALS OPERATIONS 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:	<input type="checkbox"/> Male <input type="checkbox"/> 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:	<input type="checkbox"/> Permanent <input type="checkbox"/> Call <input type="checkbox"/> 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 SKILL COMPLIANCE			
The firefighter applicant has the following skill-based training:			
<input type="checkbox"/> The applicant is qualified to wear and has demonstrated proficiency in the use of self-contained breathing apparatus in accordance with OSHA requirements 29 CFR 1910.134.			
The applicant will comply with the Vermont Fire Service Training Council's Respiratory Protection Policy with respect to absence of facial hair beneath the facepiece seal.			
I certify that the listed applicant is a member of our fire department/agency, has the above indicated prerequisite training, 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: