



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
 PUMPING APPARATUS DRIVER/OPERATOR**

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:	Applications can be emailed to: DPS.VFAApplications@vermont.gov		
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary		
Last Four of Social Security Number: _ _ _ _			
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:	Approximate Date of Hire:		
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.			
<input type="checkbox"/> The applicant has a current and valid Driver's License			
<input type="checkbox"/> The applicant will bring department apparatus for use at practical sessions.			
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: