



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



MODERN FIRE BEHAVIOR & FLASHOVER RECOGNITION 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:	<i>Minimum age for practical is 18.</i>	<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:		
Indicate which portion(s) of the course you want to attend: <input type="checkbox"/> Classroom Only <input type="checkbox"/> Full Course			
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:	
<u>THIS SECTION IS REQUIRED FOR ALL FULL COURSE PARTICIPANTS</u> <u>STUDENT PREREQUISITE SKILL COMPLIANCE TO NFPA 1403 STANDARD ON LIVE FIRE TRAINING</u>			
The firefighter applicant has the following skill-based training as required by <i>NFPA 1403</i> :			
<input type="checkbox"/> VT Essentials of Firefighting Units 1, 2, & 3, or <input type="checkbox"/> VT Essentials of Firefighting Sections A, B, & C, or <input type="checkbox"/> Firefighter I Certification Date Achieved:			
<input type="checkbox"/> This firefighter has received training and performance evaluation in accordance with <i>NFPA 1001 Standard for Fire Fighter Professional Qualifications</i> . I certify that his/her job skills are compliant with the prerequisites defined in <i>NFPA 1403</i> .			
The firefighter applicant will comply with the Vt. 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, is at least 18 years of age, 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: