

INTENT TO TEST IN OWENSBORO

March 29 & 30, 2014

REGISTRATION FORM

IFSAC ACCREDITATED SKILLS STATIONS: FFI, FFII, HMO

LAST NAME: _____ FIRST NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

FIRE DEPARTMENT NAME: _____

FIREFIGHTER ID #: _____ FDID #: _____

DATE OF BIRTH: _____

DAY PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

Checklist to bring with you to the test site in Owensboro:

- Full Turnout Gear
- SCBA with mask

- Firefighter I application
- Firefighter II application
- Hazardous Materials Awareness application
- Hazardous Materials Operations application

Mail completed form to: Area 3 Training Center PO Box 700 Calhoun, KY 42327 Or Fax form to: (270) 273-5630

Applications may be downloaded from the following website:

<http://www.kyffcert.com/>

Please note that the application must be signed by the chief, supervisor or designee attesting that the candidate has completed all of the skills listed on the application.

Applicant signature: _____