

**INTENT TO ATTEND HAZ-MAT TECH CLASS  
AT WHFRTC**

**May 17-21, 2010**

**REGISTRATION FORM**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMERGENCY SERVICES ORGANIZATION: \_\_\_\_\_

FIREFIGHTER ID #: \_\_\_\_\_ OR SS#: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ FDID #: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Applicant signature: \_\_\_\_\_

Mail completed form to:

Area 3 Training Center  
PO Box 700  
Calhoun, KY 42327

Or Fax form to:  
(270) 273-5630