



*KENTUCKY FIRE COMMISSION /
STATE FIRE RESCUE TRAINING
REGISTRATION FORM
WENDELL H. FORD REGIONAL TRAINING CENTER*

LAST NAME _____ FIRST NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____ CELL PHONE _____

FAX _____ E-MAIL ADDRESS _____

(Civilian Fire Department Information)

ORGANIZATION NAME _____ KY FF ID # _____

FDID# _____ CHIEF NAME _____

(Military Fire Department Information)

UNIT _____ RANK/GRADE _____

Are all pre-requisites for class met? YES NO

How is payment for this class being made? _____

COMMANDER APPROVAL SIGNATURE: _____

Commander Printed Name _____ Commander Phone _____

(Training Class Details)

CLASS NAME: _____

CLASS NUMBER: _____ DATES OFFERED: _____

Mail Completed Form to: State Fire Rescue Training
P.O. Box 700
Calhoun, KY 42327