



FIREFIGHTER TRAINING COURSE

NFPA Level II Practical and Written Exams

APPLICATION FORM

COURSE NAME

DATES

TUITION FEE

NFPA - Level II

May 1st,15,22, 2019

Provincially Funded

Payment of the tuition fee must be made on or before the first day of the course. Payment maybe made out to Kananaskis Improvement District, in the form of a P.O., cheque, money order, or cash. **The course will be held at the Calgary Training Academy** promptly at 0800 hours on the first day, and all subsequent days scheduled, and shall finish at approximately 1700 hours. Lunch will be one hour and will not be provided by Kananaskis Emergency Services. The exam will be on May 22, 2019.

Name of Applicant Home Address

Postal Code E-mail address Home Phone

Fire Department Length of Service

Fire Dept. Address Postal Code

Fire Dept. Phone Fax Number

Fire Chief/Training Officer Signature _____ Name/Title (print) _____

Some elements of this program physically demanding. If the supervisor or the applicant have any concerns about the applicants ability to do any of the following activities, both with and without wearing breathing apparatus and personal protective equipment weighing at least 27kg, you must contact the Training Officer as noted below to provide additional relevant information at the time of submitting the application form. **All Students are responsible to bring applicable PPE including Hard Hat, Safety Glasses, Steel Toed Boots, Fire Resistant Coveralls, Turnout Gear, SCBA, and Work Gloves. All PPE must be compliant to it's respective safety standard such as CSA, NFPA 1971, and comply with Alberta Occupational Health and Safety Regulation and Code.**

I have read and understood the preceding caution on behalf of the applicant named.

Authorized Signature: _____ Name/Title (print) _____

I agree to be solely responsible for any injury, loss, or damaged which i might sustain while participating in this program due to any cause whatsoever. I further agree to release Kananaskis Emergency Services, their directors, officers, employees, agents, students, volunteers, and independent contractors of all responsibility for such injury, loss, or damage. If admitted, I agree to comply with all rules and regulations of Kananaskis Emergency Services. I have read and understand all of the above statements.

Applicant's Signature: _____ Date: _____

For further information, Contact Gary Robertson, Station Officer
Phone : (403) 591-7755
Fax: (403) 591-7123
Email: gary.r.robertson@gov.ab.ca

Kananaskis Emergency Services reserves the right to cancel any course.
All applications are considered on a first come first serve basis
(Any applications missing information may not be considered at time of class selection)