



OFFICE OF THE FIRE MARSHAL ONTARIO FIRE COLLEGE APPLICATION FORM

FAX APPLICATION TO REGISTRAR'S OFFICE (905) 426-3032

PART 1 - APPLICANT / COURSE INFORMATION			
Surname _____		First Name _____	Middle Name _____
Rank or Position		Please Check: Male Female Full Time Volunteer	
Course Name Company Officer 401		Course Number CO 401-12-34 F	Course Date March 10-11 & 24-25, 2012
PART 2 - FIRE CHIEF OR DESIGNATE INFORMATION			
Fire Department or Organization			
Fire Department /Organization Delivery Address		City/Town	Province
			Postal Code
Fire Department/Organization Telephone		Fire Department/Organization Fax	
By signing below, you agree to the following:			
<ol style="list-style-type: none">All documentation related to prerequisites for this course resides at the department and will be provided to the OFC if requested for audit purposes.The student-learner registering for training is capable of performing all the physical and mental duties expected of a firefighter in this department.The student-learner will abide by Ontario Fire College policies, such as the Workplace Harassment and Discrimination Policy, and other legal requirements such as the Ontario Liquor Licensing Act.For student-learners attending training courses that require breathing apparatus the Fire Chief or designate attests that the applicant has been fit tested within the last year as per the CSA Standard Z94. All student-learners attending OFC courses requiring SCBA are required to bring their own SCBA and 2 cylinders (60 min. cylinders for HazMat courses). The OFC will still maintain SCBA for student-learner use, in order to address the exceptional needs of students, especially those from very small departments that have no back up capacity. Also, SCBA will be made available to any student-learners traveling by air to a course. Please indicate SCBA status below:			
<input type="checkbox"/> Student-learner bringing his/her own SCBA Make of SCBA _____			
<input type="checkbox"/> Student-learner unable to bring SCBA and requests Ontario Fire College to provide SCBA and fit testing.			
SIGNATURE OF FIRE CHIEF/MANAGER OR DESIGNATE		NAME OF FIRE CHIEF/MANAGER OR DESIGNATE	
_____		_____	
(PLEASE PRINT)			
NOTE: ANY ALTERATIONS TO THE TEXT OF THIS SECTION WILL RENDER THE APPLICATION INVALID			
PART 3 – APPLICATION STATUS (For Registrar's use only)			
<input type="checkbox"/> Accepted <input type="checkbox"/> Wait Listed <input type="checkbox"/> Rejected _____			