



Norfolk Volunteer Fire Department

Pump Operator Course

Student Application

Last Name: _____

First Name: _____

Home Address: _____

Town: _____

State: _____ ZIP: _____

Phone (Home): _____

Phone (Cell): _____

Fire Department/Organization: _____

Email: _____

Are you 18 years of age or older? **Y** **N**

As the Chief of the: _____

Fire Department or as supervisor of the: _____

Organization,

I hereby authorize the above applicant to participate in the program below and, therefore, understand that the above-named individual will be covered by my organization's Worker's Compensation Insurance while participating in such training, and that the Norfolk Volunteer Fire Department shall not be liable for any injuries sustained during such training.

This applicant is considered by my department's standards to be physically and emotionally fit to perform firefighting evolutions without special considerations, and where applicable, to meet the 29 CFR 1910.134 standard for the use of respirators (Self-Contained Breathing Apparatus).

X

Chief or Supervisor Signature

Course Title: **Pump Operator Class**

Course Dates: **April 25, May 1, 2, 8, 15, 16**

Course Location: **Norfolk Volunteer Fire Department**
20 Shepard Rd.
Norfolk, Ct. 06058

Cost: \$165 per student, plus books

Payment is required by the first day of class*

**Please make checks payable to: Norfolk Fire Department*

Note: Class size is limited to 20 Students and is on a first come first serve basis.

Contact Chief Byrne: norfolkchief@sbcglobal.net

Station #: 860-542-5021

www.norfolkfire.org