

MERIDIAN

Fire Training Solutions LLC

Training Application & Authorization Form

_____		_____	
(PRINT NAME)		(PHONE NUMBER)	

(STREET ADDRESS)	(CITY)	(STATE)	(ZIP)
_____		_____	
(FIRE DEPARTMENT OR SPONSORING AGENCY)		(E-MAIL ADDRESS)	
_____		_____	
COURSE TITLE		DATE OF COURSE	

As Chief of the _____ Fire Department, I hereby authorize the above firefighter to attend the course listed. I understand that the firefighter will be covered by my department's worker's compensation insurance while participating in such training. I also understand that this course may contain certain evolutions that simulate actual firefighting or rescue situations. MERIDIAN Fire Training Solutions LLC, and its instructors are not liable and are held harmless for any injuries sustained during training, and are not responsible and/or liable for any malfunction or damage to any equipment used during training. The firefighter is considered by my department's standards to be physically fit to perform firefighting evolutions and meets the 29 CFR 1910.132 Standard for the use of self-contained breathing apparatus (SCBA)

_____	_____	_____
(Print Chief's Name)	(Chief's Signature)	(Date)

I have read, understand and agree with the information above. I understand the importance of safety during training. If an instructor believes that my abilities cause a safety risk to myself or another, the instructor has the authority to remove me from the course.

_____	_____	_____
(Print Student's Name)	(Student's Signature)	(Date)

Payment must accompany this application form. Fee is \$85.00 per student. Fee is non refundable.

Return Application and Make Checks Payable to:

MERIDIAN FIRE TRAINING SOLUTIONS LLC
28 Bradley Street
Trumansburg, NY 14886
(607) 227-5001 (phone) www.MeridianFireTraining.com (607) 387-3540 (fax)