



Barnstable County Fire & Rescue Training Academy

P.O.Box 746
Barnstable, Ma. 02630
(508) 771-5391
Fax: (508) 790-3082
www.bcftrta.org
E-Mail info@bcfrta.org

Director: Lee W. Pareseau

Deputy Director: Mark Foley

Course Application

Course Title: _____

Date(s) of Course: _____

Student Name: _____

Street Name & Number _____

City: _____ State: _____ Zip Code: _____

Phone Number: Home/Cell (____) ____ - _____ Work (____) ____ - _____

Department Name: _____

Title/Rank: _____

Student Signature: _____

Billing Information: Course Cost: _____

Who is responsible for payment? (Check one)

County Fire Dept. (No Charge) Sponsoring Agency Student

To Be Completed by Head of the Fire Department or Sponsoring Agency (Only if Required by Course Offering)

I certify that the above person is a member of my department/agency and (Check One)

- Is Firefighter One Certified
- Is Firefighter One Trained
- Has Training and experience to the level of Firefighter One

Print Name: _____ Title _____

Chiefs Signature: _____ Date: _____



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MEDICAL AUTHORIZATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____

Department Phone: (____) _____ - _____

The above named student planning to attend live fire or technical rescue training programs has no known medical or physical conditions which would prevent participation in any or all of the physical activities which may be required by the course.

Chief of Department Signature

Date

OR

Physicians Signature

Date



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TURN-OUT GEAR COMPLIANCE FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____

Department Phone: (____) _____ - _____

The above named student planning to attend a **Live Fire** training program is or will be using turn-out gear which met the following standards at the time of purchase by the student or the sponsoring Agency.

NFPA 1971: Standard on Protective Ensemble for Structural Fire Fighting

Full Ensemble Includes: Helmet
Protective Hood
Coat
Trousers
Boots
Gloves

If purchased by the Department:

Chief of Department Signature

Date

If purchased by the student:

Student Signature

Date