



# Firefighter 2

CREF: 2323II4617

Presented by the Lakes Region Mutual Fire Aid Association Training Division

When: Tuesday and Thursdays Evenings 18:00-22:00

Selected Saturdays and Sundays 08:00-16:00

March 7, 2023 through April 16, 2023

Where: New Hampton Fire Department

26 Intervale Drive, New Hampton 03256

Cost: Free! This is an AFG funded program. Departments that completed the pre-grant survey will be eligible for payroll, backfill, and overtime.

Prerequisites: Firefighter 1, Student Medical Release, ICS 100, ICS 200, IS700 and Professional Rescue CPR or equivalent.

For more information about the Firefighter 2 program please visit:

<https://nhfa-ems.com/course/firefighter-ii/>

Class Size: Limited to 24 students

**How to Register:** [Complete the NHFSTEMS General Admission Application](#)

**Prerequisites must be completed prior to registration.**

**Only complete applications, signed by students in Section 4, will be accepted. Applications may be submitted in person, by mail, by fax, or by email to the address below.**

**Applications will be accepted on a first-come, first serve basis by the following criteria:**

- 1) LRMFA member department affiliated applicants whose department completed the pre-grant survey.**
- 2) LRMFA member department affiliated applicants whose department not complete the pre-grant survey.**
- 3) Applicants not affiliated with an LRMFA department.**

APPLICATIONS  
WILL BE  
ACCEPTED NOW  
THROUGH  
FRIDAY,  
FEBRUARY 17, 2023  
AT 16:00

**Submit application information to:**  
**Lakes Region Mutual Fire Aid**  
**62 Communications Drive, Laconia NH 03246**  
**Phone: (603) 528-9111**  
**Fax: (603) 528-5989**  
**Email: [ehannafin@lrmfa.org](mailto:ehannafin@lrmfa.org)**



**New Hampshire Department of Safety  
Division of Fire Standards and Training & Emergency Medical Services**

Mailing: 33 Hazen Drive, Concord, NH 03305  
Phones: (Toll free) 800-371-4503

Physical: 98 Smokey Bear Boulevard, Concord, NH  
(Local) 603-223-4200 (Fax) 603-271-1091

# General Admission Application

**Section 1: PERSONAL INFORMATION (Please complete Section 1B if taking a DHS, FEMA, or NFA course.)**

First name	M.I.	Last name	M	F	Social Security#: (last 4 digits)	Date of Birth:
HOME mailing address: (Use the next two lines below.)					US Citizen? <input type="checkbox"/> Y <input type="checkbox"/> N	If NO, country of birth:
PO Box/Street:					Home phone:	Work phone:
Town/City:			State:	Zip:	Cell phone:	Cell phone provider **:

**Section 1A: DEPARTMENT INFORMATION:**

Dept./Agency name:						** Please provide cell provider information if you want to receive text message course confirmations. (Standard text messaging rates may apply.)
Address:						
Dept./Agency phone:		Dept./Agency fax:				Email address:
Applicant Rank or Title in Dept./Agency:	Full Time	Part Time	Call	Volunteer	Other	Preferred method of contact: Email/Text :                      Mail:

**Section 1B: SID NUMBER: (Required for ALL DHS, FEMA, AND NFA classes!)**

Click on or copy and paste the link for information: <https://cdp.dhs.gov/femasid/> **SID NUMBER:**

**Section 2: COURSE INFORMATION (See Section 1B if you are taking a DHS, FEMA, or NFA course!)**

Course requested:	Course date: (mm/dd/yyyy)
Course Reference # (GREF) or Course Number:	Course location:

**Section 3: AGENCY / DEPARTMENT PAYMENT**

The signature below, provided by a dept./agency representative, verifies that the dept./agency agrees to be billed for this applicant from the division and is also aware of the division's refund policy on the website:  
<http://www.nh.gov/safety/divisions/fstems/documents/fstemsrefundpolicy.pdf>

**Signature of Agency Representative:**

**Date:**  
(mm/dd/yyyy)

⇒ **NOTE: For personal payment, please fill out the "General Payment Form".**

**Section 4: STUDENT SIGN-OFF**

I certify that the information on this application is correct and understand that falsification of information may result in denial of a course certificate. I understand and agree to abide by the rules, policies, and refund policy of the NH Division of Fire Standards and Training & Emergency Medical Services (NHFSTEMS). I hereby authorize release of any and all information concerning my enrollment in this course to the chief officer in charge or designee of my organization. Unless I am employed by the State of NH, I understand and accept the fact that I am not covered by any insurance provided by the State of NH, the Fire Standards and Training Commission, or any other instructor nor will insurance from any of these agencies be available in the event of my injury or death.

**Signature of Applicant:**

**Date:**  
(mm/dd/yyyy)

⇒ **NOTE: Submitting an application without signing in Section 4 or having met prerequisites will prohibit enrollment.**

For further information on the division's <b>refund policy and dormitory reservations</b> , please refer to the NHFSTEMS website: <a href="http://www.nh.gov/safety/divisions/fstems/forms.html">http://www.nh.gov/safety/divisions/fstems/forms.html</a>	<b>STAFF USE ONLY:</b>
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**New Hampshire Department of Safety  
Division of Fire Standards and Training  
& Emergency Medical Services**

Mailing: NHFSTEMS, 33 Hazen Drive, Concord, NH 03305

Physical: 98 Smokey Bear Blvd., Concord, NH

Phones: (Toll free) 800-371-4503 (Local) 603-223-4200 (Fax) 603-271-1091



## General Payment Information Form

### Section 1: APPLICANT INFORMATION

NAME:	First	Middle Init.	Last
	Last 4 digits of S.S. #:		Date of birth: (mm/dd/yyyy)

### Section 2: COURSE INFORMATION

Course name:

Course reference (CREF) number:

### Section 3: PERSONAL PAYMENT INFORMATION

- **Check off one method of payment listed below.**
- **Please make checks or money orders payable to NHFSTEMS and mail to NHFSTEMS at the address listed on the top of this form.**
- **Leave this section blank if your agency / department will be billed. (See Section 4.)**

Personal Check	
Money Order / Bank Check	
Credit Card	<i>If you are paying by credit card please call 603-223-4200 upon receiving confirmation of your enrollment.</i>

### Section 4: AGENCY / DEPARTMENT PAYMENT

The signature below, provided by a dept./agency representative, verifies that the dept./agency agrees to be billed for this applicant from the division and is also aware of the division's refund policy on the website.

**Signature of  
Agency Representative:**

**Date:  
(mm/dd/yyyy)**

For further information on the division's **refund** policy, please refer to the NHFSTEMS website:  
<http://www.nh.gov/safety/divisions/fstems/documents/fstemsrefundpolicy.pdf>

**FOR OFFICE USE ONLY:**

# A Guide to Filling out the NHFSTEMS General Admission Application

(Printing or typing legibly = accurate records for you!)

## **Section 1: (Applicant Information)**

- All applicants must fill out applicable information in this section. Please list your name the way you would like to see it on a course certificate. Nicknames are not recommended.
- Please supply a **complete home mailing address**. Course certificates will be sent to this address unless otherwise requested by an agency and/or department head. Please use your **home** address in this section. (There is a place for your agency address in Section 1A.)
- **US Citizenship:** This information is required for federally funded training programs. If you are not a US citizen, you must list your country of birth.
- **Cell phone service provider name:** If you want to receive text message course enrollment confirmations, this information must be provided in addition to your cell phone number. (You will also automatically receive an email confirmation along with your text confirmation.)
- **Email address:** Please provide an accurate email address if you have one so that you can receive automated emailed course enrollment confirmations.
- **Preferred method of contact:** Checking off one or both boxes tells us how to best communicate with you.

## **Section 1A: (Department Information)**

- Affiliated applicants, being sponsored to take a course by their agency/department, must fill out their agency/department information.
- Please provide the official name of your department/agency as well as the address, phone, fax number, and your rank in the department, if applicable. In addition, check off the appropriate box regarding your status in the department.

## **Section 1B: (SID Number)**

- This number is required for anyone applying for a DHS, FEMA, or NFA course. Click on or copy and paste the link onto your browser in order to obtain your number. SID numbers will be entered into the database as part of your permanent record.

## **Section 2: (Course Information)**

- Applicants must fill out all of the requested information in this section.
- Explanation of CREF numbers / course numbers:
  - ⇒ The term "CREF" numbers, meaning course reference numbers, is used for courses related to the fire service and homeland security. (Example: 12-1-NFA-30)
  - ⇒ The term "course numbers" is used for EMS-related courses. (Example: 30-728)
- Most CREF/course numbers can be found in the division's Course and Exam Schedule or the list of Scheduled Training and Events, both found on the web at:  
[http://www.nh.gov/safety/divisions/fstems/ems/training/documents/course\\_and\\_exam.pdf](http://www.nh.gov/safety/divisions/fstems/ems/training/documents/course_and_exam.pdf) and  
<http://www.nh.gov/safety/divisions/fstems/training/schedtrdates.html>
- Supplying accurate course information helps ensure successful registration.

## **Section 3: (Agency/Dept. PAYMENT) SIGNATURE REQUIRED BY AGENCY REP.!**

- **LEAVE THIS SECTION BLANK IF THERE IS NO CHARGE FOR THE COURSE!**
- This section applies only to applicants who are affiliated with an agency, department, or business.
- The applicant **DOES NOT** sign in this section! It should only be signed by an agency representative.
- A link to the Division's refund policy is also in this section.
  - ⇒ It is the agency representative's responsibility to be aware of this policy.
- **NOTE: If your agency will not be paying for your tuition, please fill out the "General Payment Information Form" located on page 2 of the General Admission Application Form. It is for applicants who will be paying on their own.**

## **Section 4: (Student sign-off) APPLICANT SIGNATURE REQUIRED!**

- **NOTE: This section must be signed by the applicant. Unsigned applications will be considered incomplete and returned to the applicants.**
- **NOTE: Submitting an application without having met prerequisites will prohibit enrollment.**