



Lakes Region Mutual Fire Aid Training Division

62 Communications Drive, Laconia, New Hampshire 03246
603.528.9111 Fax 603.528.5989

GENERAL ADMISSION APPLICATION

Personal Information

Name: _____ Sex: M F DOB: _____
Home Address: _____ Email: _____
Town: _____ State: _____ Zip Code: _____
Tel. No.: Day: _____ Night: _____ Cell: _____

Agency (If applicable)

Department/Agency: _____ Rank/Position: _____
Agency Address: _____ Agency Telephone: _____
Town: _____ State: _____ Zip Code: _____

Program Requested: _____

Tuition for these programs is \$10.00 per student, LRMFA Members. \$25.00 non LRMFA Members. Cancellation policy is 48 hrs. prior to class start after which your department will be billed.

I certify that the information recorded on this application is correct. I agree to abide by the rules, policies, and regulations Lakes Region Mutual Fire Aid Association and New Hampshire Division of Fire Standards and Training if I am admitted as a student. Falsification of information may result in a denial of a course certificate. 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. All requests for information shall be in written form from said chief or designee.

Signature of Applicant: _____ Date: _____

Signature (Parent, Guardian if under 18) _____
Date _____

I certify that the listed applicant is a member of our fire department/agency and is covered by Worker's Compensation Insurance. Non-affiliated students shall provide proof of insurance.

Signature of Agency Representative: _____ Date _____

Payment Method: **Please make checks payable to LRMFA-Training Division**

_____ Personal Check _____ Agency Payment Invoice** **Signature Required (See below)

The _____ agrees to pay all fees for attendance of the listed applicant upon billing by Lakes Region Mutual Fire Aid.

Signature: _____ Date: _____

- Please fax completed applications to DC Beland at 528-5989 or E-Mail to jbeland@lrmfa.org or mail to address above, Attn: DC Beland**

LRMFA Use Only Received: _____ Enrolled: _____ Not Enrolled: _____