

**EAST PUTNAM FIRE DEPARTMENT**  
**FIREFIGHTER 1 & HAZMAT FIRST RESPONDER**

**Class Application**

**Cost:** \$875.00 (FF-1 and Hazmat books Included)  
**Start date:** Thursday September 7<sup>th</sup> 2017  
**Days:** Monday and Thursdays from 18:30-21:30  
Saturdays: 9/23, 10/7, 10/21, 11/4, 11/18, 12/2, 12/16: 8:00-16:00

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Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

FDID (first 3 letters of first name last 4 SSN: Ex; xxx-1111): \_\_\_\_\_

As Chief of the \_\_\_\_\_ Fire Department, I hereby authorize the above applicant to participate in the Firefighter 1 class held at the East Putnam Fire Department, conducted by the East Putnam Fire Department training staff. I understand that the above mentioned member will be covered by my departments Workers Compensation Insurance while participating in such training. I understand that the East Putnam Fire Department, the instructors, the officers, the Commission on Fire Prevention and Control, and any outside training facility shall not be liable for any injury sustained during all training activities. I authorize that this member is physically and mentally fit in accordance to my departments' guidelines to perform all firefighting evolutions without special considerations. The above member meets OSHA 29 CFR 1910.134 standards for the use of Self-Contained Breathing Apparatus.

Chiefs Name: \_\_\_\_\_ Date: \_\_\_\_\_

Chiefs Signature \_\_\_\_\_

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Students must be 18 years of age or older

Students shall not have facial hair that does not meet OSHA, or NFPA standards for the use of respiratory protection.

Please Contact James Seney Jr @ (860) 377-9231 or email at [jseney@snet.net](mailto:jseney@snet.net) to register

Students must bring full (OSHA approved) PPE and SCBA to appropriate classes.

Checks payable to "East Putnam Fireman's Fund"