

**DEPARTMENT OF FIRE SERVICES
MASSACHUSETTS FIREFIGHTING ACADEMY
STUDENT APPLICATION**

MFA USE ONLY

Initials: _____

Email: _____

Date: _____

A COURSE INFORMATION

LIVE FIRE TRAINING MUST COMPLETE SECTIONS D & E | COURSES WITH FEES MUST COMPLETE SECTION F


COURSE TITLE: _____

COURSE #: - - - SESSION:


LOCATION: _____ START DATE: _____

B STUDENT INFORMATION PLEASE PRINT CLEARLY

 **FIELDS MUST BE COMPLETED IN ORDER TO BE PROCESSED**

 NAME: _____
LAST FIRST MIDDLE INITIAL RANK / TITLE


 ID# (SOCIAL SECURITY, DRIVER'S LICENSE OR MFA ID #): _____
If you do not know your MFA ID# we need at least the last 4 digits of SS# or DL# in order to process application.

 MAILING ADDRESS: _____
STREET (do not use fire dept. address) CITY STATE ZIP

EMAIL ADDRESS FOR CONFIRMATION: _____
Be sure to check your Spam folder for emails you might be expecting and not receiving.
If you do not receive an email within 48 hours please call registration to make sure your application was received.

HOME PHONE #: _____ CELL #: _____

 WORK PHONE #: _____ PAGER #: _____

 FIRE DEPARTMENT OR ORGANIZATION: _____ STATE: _____

EMT # (If Appl.):

BY CHECKING THIS BOX I CERTIFY THAT I AM A DULY APPOINTED MEMBER OF THE ABOVE FIRE DEPARTMENT/ORGANIZATION AND THAT I AM AT LEAST 18 YEARS OF AGE.

 SIGNATURE OF APPLICANT: _____ DATE: _____

⌘ COURSE ENROLLMENT DETAILS

- ◆ **PRIORITY SELECTION:** ACCEPT OR NON ACCEPT LETTERS OR EMAILS SENT APPROX 2 WEEKS PRIOR TO DAY 1
- ◆ **ALL OTHER ACADEMY COURSES:** APPLICANTS WILL BE ENROLLED ON A FIRST COME/FIRST SERVE BASIS. ANY CORRESPONDANCE REGARDING MFA COURSES (CONFIRMATIONS, CANCELLATIONS, CHANGES, ETC) WILL BE SENT TO EMAIL ADDRESS SUPPLIED.

C REGISTRATION INFORMATION IF YOU ARE NOT ABLE TO ATTEND, PLEASE NOTIFY REGISTRATION

Our **NO SHOW POLICY** may be found on our website at:
http://www.mass.gov/Eeops/docs/dfs/mfa/training/mfa_no_show_policy.pdf

MAIL APPLICATION TO:
REGISTRATION
MASSACHUSETTS FIREFIGHTING ACADEMY
P.O. BOX 1025
STOW, MA 01775

FAX APPLICATION TO: (978) 567-3229
IF YOU HAVE ANY QUESTIONS: (978) 567-3200

WEBSITE ADDRESS: www.mass.gov/dfs

ONLY LIVE FIRE TRAINING MUST COMPLETE SECTIONS D & E

D MASSACHUSETTS TRAINING COUNCIL PROTECTIVE CLOTHING COMPLIANCE FORM

In accordance with the Massachusetts Fire Training Council policy for Live Fire Training Exercises and Evolutions, this section must be completed for each person who registers for any Academy program which includes live fire training.

My endorsement in this block indicates that the turnout gear (Full Ensemble Includes: helmet, protective hood, coat, trousers, gloves and boots) which is to be brought to training by _____

has been purchased by: _____ (print student's name)

this department the student

and at the time of purchase it complied with the following standards:

OSHA 29 CFR 1910.156(e) (2) (iii)

NFPA Standard on Protective Ensemble for Structural Firefighting that was in effect at the time of purchase.

Chief of Department Signature: _____

Date: _____

Student Signature: _____

Date: _____

E LIVE FIRE TRAINING

I certify that: _____ has received training to meet the performance objectives of the (print student's name)

following sections of the current edition of National Fire Protection Association Standard 1001 to the level of Firefighter I.

- Fire Behavior
- Rescue
- Fire Streams
- Safety
- Fire Hose and Nozzles
- Forcible Entry
- Ventilation
- Self Contained Breathing Apparatus
- General

In accordance with Massachusetts Firefighting Academy policy for live fire training exercises and evolutions, this applicant should be permitted to participate in live fire training exercises within structures.

Signature of Chief or Training Officer: _____

Date: _____

F PAYMENT INFORMATION (ONLY if applicable)

One of the following must accompany this application: Bank Check Personal Check Money Order

PAYABLE TO: THE MASSACHUSETTS FIREFIGHTING ACADEMY TRUST FUND

* NOTE: CASH WILL NOT BE ACCEPTED

A Purchase Order may be sent to hold your spot but note it is not a request to bill and payment must be received prior to start date. If your department requires billing they must contact our Fiscal Affairs department directly at (978) 567-3130.

Please note: There will be a \$15.00 charge for checks returned for insufficient funds per 801 CMR 408.

Cancellation Policy for Courses with Payments

- 30 days prior to event = Refund in Full
- 15-29 days prior to event = Refund less 10% Administrative cost
- 5 to 14 days prior to event = Refund less 25% Administrative cost
- 0 to 4 days prior to event = No Refund