



ONLINE USERNAME AND PASSWORD REQUEST FORM

Training offered by the Massachusetts Firefighting Academy is open only to members of the Massachusetts Fire Service or full-time staff of the Department of Fire Services.

Please complete the information below. **Fields in red are required.**

Completed forms can either be **faxed to (978) 567-3229** or email to: christina.mitchell@state.ma.us.

Once your information has been uploaded, you will receive your login information to the email provided below.

Name	_____		
	First	Middle Initial	Last
Mailing Address	_____		
	Street Address		

	City	State	Zip Code
Contact Info	_____		_____
	Primary Phone Number	Work / Daytime Phone Number	

	Email Address		
Additional Info	_____		_____
	Driver's License Number	EMT Number	

EMPLOYMENT INFORMATION: If you are employed by a fire department, police department and/or state agency, please fill in **all** corresponding fields that apply. Additional employers can be listed in the field marked "Other."

Firefighter	_____	_____
	Fire Department	Job Title/Rank
Police	_____	_____
	Police Department	Job Title/Rank
State Worker	_____	
	State ID # (6-digit employee #)	
Other	_____	
	Additional Employer	

I certify that I am duly appointed member of the above organization(s) and that I am at least 18 years of age.

Applicant Signature: _____ Date: _____