



Department of Fire Services
Massachusetts Firefighting Academy

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) 567-3121** or email to: christina.mitchell@mass.gov.

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: _____