Department of Fire Services
Massachusetts Firefighting Academy

MARITIME LIVE FIRE TRAINING

Registration Addendum

Course / Activity:_____

Start Date: _____

Student Name (Last, First): _____

Department:_____

MFA Student ID (if applicable): _____

Student Email Address: _____

Live Fire Training Requirements

I certify that the above-named student has received training to meet the performance objectives of the current edition of NVIC 09-14 and has been approved through the USCG and NMC.

I acknowledge that the PPE ensemble, including helmet, protective hood, coat, trousers, gloves and boots, is being provided to the above-named students by the Massachusetts Firefighting Academy.

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

Signature of Provost or Director of Mariner Credentialing:_____

Date: _____

Email completed form to: Registration.DFS-TM-Academy@mass.gov