

**CUMBERLAND COUNTY
FIRE AND EMS TRAINING CENTER**

FORM #2

APPLICATION
Please Print or Type

Department: _____ Date: _____
Address: _____ City: _____ State: _____
Municipality: _____ Zip: _____ Phone No.: _____
I.C.: _____ Phone No.: _____
S.O.: _____ Phone No.: _____
Instructor in Charge: _____ Phone No.: _____
Contact Person: _____ Phone No.: _____

TYPE OF FACILITY REQUIRED:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Smoke Building | <input type="checkbox"/> Fire Extinguisher Pad | <input type="checkbox"/> Drill Tower |
| <input type="checkbox"/> Roof Ventilation Simulator | <input type="checkbox"/> Rosco Smoke Machine | <input type="checkbox"/> LP Gas Pad |
| <input type="checkbox"/> Burn Building | <input type="checkbox"/> Positive Pressure Fan | <input type="checkbox"/> Drafting Pit |
| <input type="checkbox"/> Indoor Training Facility | <input type="checkbox"/> Forcible Entry Simulator | <input type="checkbox"/> Ladders |
| <input type="checkbox"/> Vehicle Extrication | <input type="checkbox"/> Hose 2-1/2", 1-1/2", 1-3/4" | <input type="checkbox"/> Rescue Randy |
| <input type="checkbox"/> Attack Pumper | <input type="checkbox"/> Driver Training Area | <input type="checkbox"/> Rotary Saw |

Date of Drill: _____ Alternate Date: _____ No. Attending: _____

Time Block: () Blk. 1 0800-1200 () Blk. 2 1300-1700 () Blk. 3 1800-2230

Description of Drill: _____

Apparatus To Be Used: _____

I, hereby certify that all personnel from this Department are covered by Workman's Compensation and Liability Insurance or otherwise adequately insured and are qualified to meet 29 CFR 1910.134(e) Medical Evaluation and 29 CFR 1910.134(f) Fit Test of the PEOSH Respiratory Protection Standard when using breathing apparatus use. And it is also understood by the submitting Agency that failure to comply with the Rules and Regulations that are established may result in the revoking of the Training Permit and/or the suspension of future privileges associated with the Cumberland County Fire and EMS Training Center.

Signature of Authorized Representative Date

NOTE: It is required that you provide an updated Certificate of Insurance and a completed Tracking Form for Fit Test and Medical Evaluation when submitting this form.