

County of Bergen County  
 Department of Public Safety  
 Law & Public Safety Institute  
 Police, Fire, & EMS Academies  
 281 Campgaw Rd, Mahwah, N. J. 07430  
 Phone (201)785-6000 • Fax (201)785-6036

Dennis McNerney  
 County Executive

James Mordaga  
 Director of Public Safety

**FIRE TRAINING APPLICATION**

COURSE:		Department	
Address for Confirmation		City/State	Zip
Fax# for Confirmation	Mutual Aid Group	No. Students	Date(s) Preferred
			1 <sup>st</sup>
Chief's Name		Reachable Phone #	2 <sup>nd</sup>
Chief's E-mail Address			
Training Officer Name		Reachable Phone #	
TO E-mail Address			

Please mail application or fax to the Fire Division at (201) 785-6036  
**IF FAXED DO NOT MAIL ORIGINAL**

Enrollment Eligibility: All prerequisites must be satisfied before application will be accepted. Outdoor programs require turn out gear. Class Hours, unless otherwise stated: Evening Classes: 7:30 PM - 10:30 PM: Day and Saturday Classes: 9:00 AM - 4:00 PM

It is understood that municipality enrolling its applicant-member(s) remains responsible for any and all personal injury to its applicant-member(s) during the applicant-member(s) assignment to at the Bergen County Law & Public Safety Institute Police, Fire, and EMS academies Fire Training Center, regardless of where the program is delivered. This responsibility includes compliance with NJ PEOSHA regulations pertaining to fire fighters.

CERTIFICATION: I hereby certify that all personnel listed below are members of \_\_\_\_\_ Fire Department and have been enrolled by the department in the training program specified on page 1 of this document. I further certify that all named members of the \_\_\_\_\_ Fire Department are covered by workmen's compensation and liability insurance, or are otherwise adequately insured.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Chief or Training Officer Signature: \_\_\_\_\_

Upon entering the premises of the Bergen County Law & Public Safety Institute for the purposes of training, the members listed below release the Bergen County Law & Public Safety Institute and its instructors of any responsibility on their part in the event of an accident:

**PLEASE PRINT CLEARLY OR TYPE**

Course name: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_

	NAME	SOCIAL SECURITY #	E-MAIL ADDRESS
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			