

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

Class: _____
 (Office Use Only)

James J. Tedesco III
 County Executive

Ralph Rivera, Jr.
 Director of Public Safety

Richard Blohm
 Director of Law & Public Safety

FIRE TRAINING APPLICATION

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

Please email application to **Kim Quinones** at quinones@bcldpsi.net

WE REQUIRE A 24 HOUR NOTICE IF A DEPARTMENT WISHES TO CANCEL ANY SCHEDULED TRAINING
YOU WILL NEED TO EMAIL Kim at quinones@bcldpsi.net and Scott Russo at russo@bcpsoc.com

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 - 4:30 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 OF ATTENDEE	JUNIOR Y or N	EMT Certified Y or N	DFS #	SOCIAL SECURITY #	STUDENTS EMAIL ADDRESS
1						
2						
3						
4						
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If you have any questions please call Kim Quinones at 201-785-5713 or Fire Instructor Scott Russo at 201-785-5710 during the hours of 8:00am until 4:00pm.

08/11/21-kq