WARREN COUNTY FIRE ACADEMY

1024 Route 57, Washington, NJ 07882-9618

Training Authorization

Student Name: _____

The firefighter / student above has met the following requirements:

	Yes	No
1. Is an active member of the listed Fire Department:	☐	☐
2. Has successfully passed a medical evaluation, which meets the Medical Evaluation Protocol required under the Respiratory Protection Standard, 29 CFR 1910.134.	☐	☐
3. Has completed a criminal background check prior to attending the Warren County Fire Academy.	☐	☐
4. Has successfully completed a Self-Contained Breathing Apparatus fit test. **(note: If the test has not been completed, one will be administered by WCFA at a cost of $15.00 per student)**	☐	☐

I acknowledge and understand that this training course will contain evolutions that simulate and/or create actual firefighting and rescue conditions. Warren County Fire Academy, Warren County Community College and the County of Warren shall not be held responsible and/or liable for any malfunction or damage to any equipment used during this training course.

Print Fire Department Name: _____

Print Chief's Name: _____

Chief's Signature: _____

Please return this form to WCFA two weeks prior to the start of the Firefighter – I course. If this form is not returned the student <u>will not</u> participate in the course.