



**State of Delaware**  
**DELAWARE STATE FIRE SCHOOL**

**FAX: (302) 739-6245**

**Delaware Fire Service Center  
1461 Chestnut Grove Road  
Dover, Delaware 19904**

**TELEPHONE: (302) 739-4773**

October 3, 2018

Attention Field Training Officer (FTO):

Our records indicate that you are due to renew your certification. To help facilitate this, the month of October will offer an online refresher course through the Delaware Learning Management Center. To register, please submit a registration form, attached to this letter. You will not need to send anything in once complete with the program. We will be able to monitor who has completed the course. Certification is good for a 2 year period.

If you have not created a Delaware Learning Management Center account, please visit our website: <https://statefireschool.delaware.gov/online-learning/>

Any questions regarding the program can be directed to Matt Gajdos, [matthew.gajdos@state.de.us](mailto:matthew.gajdos@state.de.us) or 302-739-4773.

Sincerely,

Matthew Gajdos, M.Ed., NRP  
EMS Administrator

# Delaware State Fire School - Registration Form

COMPLETE FORM, PRINT TO OBTAIN AUTHORIZED SIGNATURES, AND RETURN TO DELAWARE STATE FIRE SCHOOL BEFORE DEADLINE.



## Fill in class information:

Course Name:

Dates Attending:

Class Time:

Complete by October 31, 2018

Class Location:  Kent  New Castle  Sussex  On-Line  
(see Class Posting)

I meet the Course Prerequisites?  YES  NO

Delaware State Fire School  
1461 Chestnut Grove Road  
Dover, DE 19904

Phone: 302-739-4773  
Fax: 302-739-6245  
www.statefireschool.delaware.gov  
Email: Fire.School@state.de.us  
Rev. FF01/15

## Attendee Information

Last Name: Jr./Sr.

First Name, Middle

Address:

City, State, Zip

Last 4 Digits SSN:

Date of Birth:

Contact Phone:

Email:

Date Joined Fire Service:

Sponsoring Organization:

Sex:  Male  Female

Ethnic Origin:   
(Optional)

## Payment Information

Tuition:

Check payable to Delaware State Fire School

Invoice (DE Fire Companies Only)

Credit Card Select Type:

Card Number:

Expiration Date:

Security Code (CVV):

Cardholder Name:

**CANCELLATION POLICY:** Cancellations for students registered for this course must be received by the Fire School no later than noon the Wednesday before scheduled class date. Cancellations received after the deadline may be assessed a fee or payment of class tuition.

**ATTENDEE SIGNATURE:** The Delaware State Fire School will provide instruction in emergency response training and related skills under carefully selected instructors. In accepting instruction, you agree to the condition that the Delaware State Fire School assumes no responsibility other than the opportunity to learn. I understand that the payment for the course tuition and any and all medical, first aid and related charges will be the responsibility of the sponsoring organization. In the event no sponsoring organization is given and no signature is obtained, I accept this responsibility. I certify that I do not have any physical or other condition that will prevent me from actively participating in this course. By enrolling in this course, I also agree that the Delaware State Fire School may authorize the taking of photographs or movies or similar reproductions and may use them in either a commercial or noncommercial manner. At the sole discretion of DSFS and I hereby waive any objection to this activity and authorize use of my picture. In accepting enrollment for this course, the Delaware State Fire School is hereby relieved of liability.

ATTENDEE SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_

## AUTHORIZED SIGNATURE IS REQUIRED OF SPONSORING ORGANIZATION:

By signing this form I am certifying that the individual taking training does not have any physical and/or other conditions that would prevent them from actively participating in all portions of this course. I understand that payment for the course and any and all medical, first aid and related charges will be the responsibility of the sponsoring organization.

Authorized Signature of Sponsoring Organization \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Sponsoring Organization \_\_\_\_\_

Title \_\_\_\_\_

Contact Phone Number \_\_\_\_\_