

DSFS OFFICER SEMINAR



February 3, 2024
9am-12pm

**Delaware State Fire School—
Dover Training Center**

• **Director Tucker Dempsey** •

A review of completed and upcoming program changes, changes in staff and assignments.

Featuring • Michael Farrell •
TOP FLOOR TACTICS
Lithium—Ion Battery Fires;



Understanding a modern fire in a tactical sense.

TO REGISTER •

Complete the attached registration form and fax it to (302) 739-6245 or Email to fire.school@delaware.gov. Limit 6 attendees per company.



AUDIENCE

Current Fire Company Leadership

- **Chiefs**
- **Line Officers**
- **Presidents**
- **Board Officers**

**DELAWARE
STATE FIRE
SCHOOL**

302-739-4773

302-739-6245 (FAX)
fire.school@delaware.gov

***Registration Due
February 2, 2024***

WWW.STATEFIRESCHOOL.DELAWARE.GOV

Delaware State Fire School - Registration Form

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



Course Name: 2024 Officer's Seminar

Registration deadline January 26, 2024

Course Dates/Times:

February 3, 2024 - 9 A.M. - 12 P.M.

Comments:

Location:

KCD

Seminar Tuition: **FREE**

Delaware State Fire School
1461 Chestnut Grove Road
Dover, DE 19904
Phone: 302-739-4773
Fax: 302-739-6245
www.statefireschool.delaware.gov
e-mail - fire.school@delaware.gov

ATTENDEE INFORMATION: LIMIT - 6 PERSONS FROM EACH FIRE DEPT.

FIRE DEPARTMENT:

Attendee 1 Full Name:

Date of Birth

Title:

Contact Phone:

E-Mail:

Attendee 2 Full Name:

Date of Birth

Title:

Contact Phone:

E-Mail:

Attendee 3 Full Name:

Date of Birth

Title:

Contact Phone:

E-Mail:

Attendee 4 Full Name:

Date of Birth

Title:

Contact Phone:

E-Mail:

Attendee 5 Full Name:

Date of Birth

Title:

Contact Phone:

E-Mail:

Attendee 6 Full Name:

Date of Birth

Title:

Contact Phone:

E-Mail:

CANCELLATION POLICY: Please contact us no later than noon
Friday, February 2, 2023 if your member cannot attend.

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

Print Name

Date

Sponsoring Organization

Title

Contact Phone Number