Delaware State Fire School - SFPR Exam Registration Form

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

Indicate Which Exam Date you are requesting

Requested Date: _

Fire Suppression Class IV (\$50.00) **State Fire Prevention Regulations (\$50.00)** Exam (s):

- All exams are \$50.00 each. Payment is due when registering. Multiple exams may be taken at the same time.

Fire Extinguisher (\$50.00) Fire Alarm Signaling System Class V (\$50.00)

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

Phone: 302-739-4773 Fax: 302-739-6245

www.statefireschool.delaware.gov

- Candidates will get immediate res Grove Road to complete the licensi	ults to be taken to the State Fire			Email: fire.school@de	elaware.go Rev. 02/20/24
Attendee Information	First	Middle		Last	
Name:					
Date of Birth:	DSFS Person ID: (If Known)		NFA ID #: (If Known)		
Address:		City:	State:	ZIP:	
E-Mail:		Phone	9 :	Phone Type:	
Sponsoring Organization:		Gender:	Ethnic Origin: (Optional)		
Payment Information					
Course Tuition:		Accepted Credit Cards: Visa, Mastercard, Discover We are unable to accept American Express or Apple Pay			
Check enclosed mad Delaware State Fire		Credit card (DSFS will call you for information)			
Invoice (approved ac	count)	Cardholde	r Name:		
	,	Cardholde	r Phone:		
	ellations for students registered fo ancellations received after the dea				sday

ATTENDEE SIGNATURE: The Delaware State Fire School will provide instruction in emergency response training and related skills under carefully selected instructors. In accepting instruction, I 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.

> Date ATTENDEE SIGNATURE

AUTHORIZED SIGNATURE IS REQUIRED OF SPONSORING ORGANIZATION: In accordance with NFPA 1001, 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 and/or has received a professional medical exam declaring their physical fitness before participating in firefighting activities. In the case of no physical documentation or significant change in health, a physical may be required before participation in this course. I understand that payment for the course and any/all medical, first aid and related charges will be the responsibility of the sponsoring organization.!

Contact Phone Number Sponsoring Organization Name Title

Authorized Signature of Sponsoring Organization

Date