



GENERAL ADMISSION APPLICATION

NEW MEXICO FIREFIGHTERS TRAINING ACADEMY

Phone: (575) 835-7500 – In-State Toll-Free: 1-800-734-6553
Please Print or Type and mail or fax to:
600 Aspen Road, Socorro, New Mexico 87801 • Fax: (575) 835-7506

SECTION I – COURSE INFORMATION

Course Title: _____

Course Dates: _____ Location: _____

Affiliation: NM Fire Department NM State Agency Other: _____

If above course requires completion of a prerequisite course or other requirements, copies of certificates or documents confirming eligibility must be included with application. Failure to do so will be cause for rejection.

SECTION II – APPLICANT INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ / _____ / _____ Male Female

Mailing Address: _____
P.O. Box or Street No. City State Zip Code

Home or Contact Phone: () _____ Work Phone: () _____ Fax: () _____

E-Mail Address: _____ Current Rank/Position/Title: _____

Have you been rejected for this course before because it was full? No Yes *If Yes, When?* _____

- For courses requiring physical activities, it is understood that the applicant may experience rigorous exercises that require physical fitness, strength and stamina. The applicant should be in compliance with *NFPA Standard 1582 Standard on Comprehensive Occupational Medical Program for Fire Departments*.

Do you have any medical condition or disability that would require special consideration during your attendance at the Fire Academy? No Yes *If yes, please give a full explanation on a separate page and attach to this application.*

SECTION III – FIRE DEPARTMENT/AGENCY INFORMATION

In order to receive Fire Department classification per the Selection Criteria Policy and a waiver of course fee, the applicant's Department Chief, Supervisor, or Supervising Officer must complete this section. Applicants who do not fill out this section will be classified "Unaffiliated" and subject to a course fee.

Department/Agency Name: _____

Department Mailing Address: _____

Department Phone Number: () _____ Department Fax: () _____

Chief or Training Officer: _____ Title: _____

E-Mail: _____ Phone: () _____

