BRAZORIA COUNTY FIRE TRAINING CENTER

605 Kelly Blvd. Angleton, Texas 77515

2014 SPRING SCHOOL

MARCH 14th 15TH 16TH AND **MARCH 21ST 22nd 23RD**

Classes Offered:

FIREFIGHTING I, Pre-registration: $***375.00*** On-site registration: $***425.00 MAR 15,16, AND 22, 23***

ADVANCED STRUCTURAL FIREFIGHTING, Pre-registration: $***250.00*** On-site registration: $***300.00 MARCH 21 PM, 22, 23***

***Prerequisite**; Must have attended **FFI and FFII** or equivalent and the Fire Chief (or) Training Officer of your department **MUST** sign this form prior to registration.

FIRE OFFICER 1, Pre-registration: $***300.00*** On-site registration: $***350.00 MARCH 14, 15, 16, 21, 22, 23***

ALL CLASSES INCLUDE LUNCH EACH DAY

Requirements: (Please initial)

___ You must be a minimum of 18 years of age.

___To receive certification for the class, a student must attend and participate in each class.

___ **VERIFY PPE REQUIREMENTS ON TEEX REGISTRATION FOR YOUR CLASS.**

___ Long Pants and Shirts with sleeves shall be worn to **ALL** classes (Including indoor class time)

___ Long sideburns or Beards including Goatees **Will Not** be permitted for **ANY** class.

I will be attending ***(CIRCLE ALL THAT APPLY)***

☐ **FIREFIGHTING I**
MARCH 15, 16, 22, 23

☐ **FIRE OFFICER 1**
MARCH 14 6:00PM, 15, 16
MARCH 21 6:00PM , 22, 23

☐ **ADVANCED STRUCTURAL FIREFIGHTING**
MARCH 21ST 6:00PM, 22ND, AND 23RD

My Shirt size is: ☐ *SMALL* ☐ *MEDIUM* ☐ *LARGE* ☐ *X-LARGE* ☐ *2X-LARGE* ☐ *3X-LARGE*

NAME: _____
(Please Print)

Date Of Birth: _____/_____/_____

Last 4 Digits SS#:_____

Send Checks/Money orders payable to: ***BCFTC P.O. Box 2308 Angleton, Texas 77515***
Contact Info: Neal Morton–979-481-1283 EMAIL REGISTRATION TO: firefield@bcffa.us
Website: www.bcffa.us/fire-field.html

*This training is approved for a Rural Volunteer Fire Dept. Assistant Program through the TEXAS FOREST SERVICE (**HB 2604 Grant**) Apply to the Texas Forest service for reimbursement.

I have read the above requirements for the BCFTC and I am promising to abide by these requirements.

SIGNATURE_____ **DATE**_____

FIRE DEPARTMENT_____

***(Fire Chief or Training Officer) of above named Fire Department**:By signing my name below, I am stating that this Firefighter/Student is qualified to attend the class that is circled above.

CHIEF SIGNATURE_____ **DATE**_____