

Firefighter I & II Class Request Form

(A \$10 Non-Refundable Processing Fee Applies)

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Department (If Applicable): _____

Mailing Address

Street or P.O. Box: _____ City: _____

County: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ E-mail: _____

Current Status

(Please check all that apply to you.)

- Employed full-time as a paid firefighter or Public Safety Agency
- Certified Paramedic (or completed the training program)
- Certified EMT (or completed the training program)
- Currently attending EMT/Paramedic Class
- Active volunteer firefighter
- Non-affiliated (those who do not meet any of the above)

Classes

(Please check preferences.)

- January – March May – August August – November

Required Action Items

(Check all completed items.)

The following items must accompany this form to be considered for firefighting class(es):

- Copy of TABE, SAT, ACT, or CPT test scores, or copy of Associate of Arts (AA) degree or higher
- If you are EMT/Paramedic certified, please send a copy of your certificate with this form in order to receive priority admission
- Check or money order for \$10 processing fee (non-refundable) made payable to:

Community Technical & Adult Education Center
Att: Firefighting
1014 SW 7th Road
Ocala, Florida 34474