

# Firefighter 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.)

- WINTER (February)                       SPRING (July)                       FALL (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