



# Maryland Fire and Rescue Institute

## ALS Pre-Registration



Class Name: \_\_\_\_\_

Class Log Number: \_\_\_\_\_  
 Class Location: \_\_\_\_\_  
 Class Start Date: \_\_\_\_\_  
 Department Affiliation: \_\_\_\_\_

Approved By (PRINT) : \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Approvers E-mail: \_\_\_\_\_

Approvers Signature: \_\_\_\_\_

Student Proper Name	Last 5 SS No.					Date of Birth	EMT/FR Expiration Date	E Mail Address	Day Time Phone No.

All information must be completed for the student to be pre-registered in the class. **This form MUST BE USED for Pre-Registration.** Please type or print clearly. Students will be pre-registered in the order they appear in the above list. Send to MFRI ALS: Fax: 301-314-0752 or email: [ALS@mfri.org](mailto:ALS@mfri.org) . No cover page is required. **One class log number per form.** If you have questions please contact MFRI ALS @ 301-226-9917,