



Maryland Fire and Rescue Institute North Central Regional Office

COURSE PRE-REGISTRATION APPLICATION

(Please Print Clearly)

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DEPARTMENT NAME: _____

COUNTY OF DEPARTMENT: _____

COURSE NAME: _____

COURSE LOCATION: _____

COURSE NUMBER: _____

START DATE: _____

APPLICANT INFORMATION:

| FULL LEGAL NAME FIRST / MI / LAST | SOCIAL SECURITY # | | | | | DATE OF BIRTH* | EMT/FR Exp. | DAYTIME PHONE # | E-MAIL ADDRESS |
|--------------------------------------|-------------------|--|--|--|--|----------------|----------------|--------------------|-------------------|
| | LAST 5 DIGITS | | | | | | | | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |
| 6. | | | | | | | | | |
| 7. | | | | | | | | | |
| 8. | | | | | | | | | |

***NOTE - Date of Birth required for the following courses: FFI; FFII; FF Survival and Rescue; Haz Mat Tech; Confined Space Rescue and Swift Water Rescue**

OFFICER'S NAME AND TITLE _____

DAYTIME PHONE NUMBER: _____

OFFICER'S SIGNATURE: _____

E-MAIL ADDRESS: _____