



BRICK TOWNSHIP FIRE TRAINING ACADEMY
500 Herbertsville Road, Brick, NJ 08724
Telephone/Fax (732) 458-0555

STUDENT REGISTRATION

Course Title: _____

Start & End Date(s): _____

Last Name: _____ First Name: _____ MI: _____

Home Address: _____

Apt. # _____ P.O. Box _____

Town: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: Month _____ Day _____ Year _____

Social Security # _____ / _____ / _____ Six Digit Firefighter # _____

Fire Company / Organization: _____

Current Position: _____ Years of Service _____

E-mail Address: _____

Fee: Brick Twp. Fire Dept. None Out of Brick Township Firefighter: _____

Submit Payment or Voucher with Registration to:

Brick Township Joint Board of Fire Commissioners
253 Brick Blvd., Brick, NJ 08723

Student:

Clearly **PRINT** your name below as it is to appear on your certificate

If you have any Questions, please contact the Fire Training Academy at
(732) 458-0555