



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

**APPLICATION FOR FIRE DEPARTMENT DRILL PROGRAM**

**SEPARATE APPLICATIONS ARE REQUIRED FOR EACH DRILL SESSION REQUESTED**  
**All Information Must Be TYPED or PRINTED In Block Letters**

<b>FIRE DEPT/ORGANIZATION NAME:</b>	
<b>ADDRESS FOR CONFIRMATION:</b>	
<b>TRAINING OFFICER OR CONTACT PERSON TELEPHONE #-</b>	<b>TRAINING/CONTACT PERSON ON SITE TELEPHONE NUMBER (S)</b>
<b>NUMBER OF PERSONS ATTENDING</b>	<b>NUMBER OF AERIAL/TRUCKS</b>
<b>NUMBER OF ENGINES</b>	<b>NUMBER OF RESCUES</b>

<b>Dates of Requested Drill</b>	
<b>PRIMARY DATE</b>	<b>ALTERNATIVE DATE</b>

**Time of Drill (Check Appropriate Box)**

<input type="checkbox"/> 9:00 A.M. To NOON	<input type="checkbox"/> 1:00 P.M. To 4:00 P.M.	<input type="checkbox"/> 7:00 P.M. To 10:00 P.M.
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**STUDENT REQUIREMENTS:**

1. Cutoffs, shorts or open toe footwear are not permitted.
2. All protective clothing must meet O.S.H.A. requirements (OSHA 29 CFR 1910.156)
3. No student shall be permitted to participate in any drill, which requires the use of SCBA if they have excessive facial hair.  
(As per OSHA 29 CFR 1910.134 and NFPA STD.1500 SEC.5-3-10).
4. All Fire Department participants must be FF1 Certified.

The \_\_\_\_\_\* shall hold harmless and indemnify the Brick Township Joint Board of Fire Commissioners, its officers, agents and employees from any and all injuries, damages and claims for damage to persons and/or property arising from the actions of its attendees at the Brick Township Fire Training Center.

\*Insert name of Fire Company or organization.

The Undersigned certifies that the students enrolled do not have any physical and/or other conditions which would prevent them from actively participating in all portions of this course.

The undersigned also certifies that all personnel enrolled in the above course are covered by Workman's Compensation and Liability Insurance, or are otherwise insured, as indicated by a copy of such insurance attached to the current Authorized Signature form on file.

The Above Conditions Are Understood. Application Is Authorized By:

.....  
**PRINT Name Here**

.....  
**SIGNATURE**

Date of This Application

**TITLE:**

**PHONE (DAY):**

**PHONE (FAX):**

**FULL PAYMENT FOR DRILL MUST BE SUBMITTED UPON RECEIPT OF CONFIRMATION**

**COMPLETE INFORMATION ON BACK OF THIS FORM**

