



# BRICK TOWNSHIP FIRE TRAINING CENTER

500 Herbertsville Road – Brick, NJ 08724

Phone: (732) 458-4100 Fax: (732) 458-4153

## 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

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

Dates of Requested Drill	
PRIMARY DATE	ALTERNATIVE DATE

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

