



# The OCTC FIRE ACADEMY

PO Box 2191 Toms River, NJ 08754-2191

(609)-242-8450 **fax (609)-242-8423** (800)-723-2088

## INSTRUCTIONS

1. Please complete the entire form. Incomplete forms will not be accepted.

### \*Identifying Numbers Required\*

FF Cert #

EMT Cert #

Social Security #

Date of Birth

2. A separate form is required for each course.

3. Students may register for more than one course at a time.

4. The Chief Officer's signature is required for entry into any course.

5. There is no phone registration. Mail your completed form to:

### The OCTC

Fire Academy

PO Box 2191

Toms River, NJ 08754-2191

or fax your form to:

**(609)-242-8423**

Attn: FIRE ACADEMY

**PLEASE  
PRINT  
CLEARLY**

# COURSE REGISTRATION FORM

Last Name			First Name	MI	NJ FF Cert. #
Street Address			P.O. Box	Apt #	
City and State			Zip code		
Home Phone			Cell/Pager		
Email					
Social Security # (Optional)			M <input type="checkbox"/>	Date of Birth Month / Day / Year	
			F <input type="checkbox"/>		
Fire Department			EMT Cert. #		
Current Position			Years of Service		
Course Name					
Course Dates					

I hereby certify that the above named student has the necessary prerequisites to participate in the above course and, where required, is SCBA qualified.

Chief Officer's signature