



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.
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"/>			F <input type="checkbox"/>			Month / Day / Year Date of Birth		
Current Position									EMT <input type="checkbox"/>			Yes <input type="checkbox"/> No		
Organization														
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