

PENNSYLVANIA STATE FIRE ACADEMY
“Wellsite Emergency First Responder” (WEFR) Training Program
STUDENT ENROLLMENT APPLICATION

Name (Last, First, M.I.)	SS #	Date of Birth	Age
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Street	City	State	Zip
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Telephone (including Area Code): Day _____ Evening: _____

Email address _____ County _____

Emergency Service or Municipal Affiliation	Municipality
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Shohola Twp. Fire & Rescue - Shohola, PA	May 14, 2011 8:00 a.m. to noon
Course Location Requested (ONE location only)	Date(s) of Requested Course Offering

VERIFICATION AND AUTHORIZATION (To be signed by the chief operational officer, training officer, or other official of the applicant’s organization): My signature below attests that the applicant is a bona-fide member of the above organization; is attending the requested course as a representative of that organization; is covered by this organization’s worker’s compensation insurance while attending; and meets the identified prerequisite(s).

Signature	Printed Name	Title	Date
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REQUEST FOR ENROLLMENT: (To be signed by the applicant): I hereby request that I be enrolled in the above course. I attest that all information herein is true and correct. I agree to report at the time and place scheduled and will notify the Academy if I am unable to attend.

Signature	Date
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NO CONFIRMATION OF ACCEPTANCE INTO CLASS WILL BE SENT FROM THIS OFFICE!!!

RETURN TO :

*PENNSYLVANIA STATE FIRE ACADEMY
1150 RIVERSIDE DRIVE
LEWISTOWN, PA 17044
ATTN: PAT PAULY*

APPLICATION MUST BE REC'D AT THE PSFA NO LATER THAN NOON on 4-22-11