



OFFICE OF THE FIRE MARSHAL ONTARIO FIRE COLLEGE APPLICATION FORM

**Please fill in and print this application. Send a scanned version to:
dhutchinson208@gmail.com**

PART 1 - APPLICANT / COURSE INFORMATION			
Surname _____ First Name _____ Middle Name _____	Rank or Position	Please Circle: Male OR Female	
Course Name	Course Number	Full Time OR Volunteer	
Course Date			

PART 2 - FIRE CHIEF OR DESIGNATE INFORMATION			
Fire Department or Organization			
Fire Department /Organization Delivery Address	City/Town	Province	Postal Code
Fire Department/Organization Telephone		Fire Department/Organization Fax	

By signing below, you agree to the following:

1. *All documentation related to prerequisites for this course resides at the department and will be provided to the OFC if requested for audit purposes.*
2. *The student-learner registering for training is capable of performing all the physical and mental duties expected of a firefighter in this department.*
3. *The student-learner will abide by Ontario Fire College policies, such as the Workplace Harassment and Discrimination Policy, and other legal requirements such as the Ontario Liquor Licensing Act.*
4. ***For student-learners attending training courses that require breathing apparatus the Fire Chief or designate attests that the applicant has been fit tested within the last year as per the CSA Standard Z94. All student-learners attending OFC courses requiring SCBA are required to bring their own SCBA and 2 cylinders (60 min. cylinders for HazMat courses). The OFC will still maintain SCBA for student-learner use, in order to address the exceptional needs of students, especially those from very small departments that have no back up capacity. Also, SCBA will be made available to any student-learners traveling by air to a course. Please indicate SCBA status below:***

Student-learner bringing his/her own SCBA *Make of SCBA* _____

Student-learner unable to bring SCBA and requests Ontario Fire College to provide SCBA and fit testing.

SIGNATURE OF FIRE CHIEF/MANAGER OR DESIGNATE

NAME OF FIRE CHIEF/MANAGER OR DESIGNATE

(PLEASE PRINT)

NOTE: ANY ALTERATIONS TO THE TEXT OF THIS SECTION WILL RENDER THE APPLICATION INVALID

PART 3 – APPLICATION STATUS (FOR REGISTRAR’S USE ONLY)		
<input type="checkbox"/> Accepted	<input type="checkbox"/> Wait Listed	<input type="checkbox"/> Rejected _____