	Georgia	Fire Academy	7 - Studen	t Author:	ization Form		
.REQUIRED FOR ALL	COURSES	R	ETURN TO:	GEORGIA	A FIRE ACADEMY		
.All information	must be	printed and		G	eorgia Public	Safety	Training
Center							
filled out compl	etely.			1000 Ir	ndian Springs H	Drive	
.Form must be rec	eived by	GFA at		Forsyth	n, Ga. 31029		
least two weeks of course.	prior to	first day					
Course Code	Cou	rse Title		Agency I	ID/Compliance I	Number	
Course Dates Course Loc	ation Ty	be of Agency/Departm	ent				
Agency/Department Tele	phone 1. C	Government		Municipal			
Address Alternate	// Phone B. (County	A. I	nunicipal			

		()		C. State		
City		State		Zip	D. Federal		
	Ι		2. Indepen	dent Corporation			
		1		3. Private Corporation			
County	Cong. Dist.	1 .					
				Dept. Located	miles from GPSTC		

The Georgia Fire Academy will provide instruction in the course and no responsibility other than to offer the opportunity to learn under supervision. To register as a student in Georgia Fire Academy classes, the following are required:

1. Must be at least 18 years of age.

2. Must be an active member and representative of a Department or Organization eligible to receive Fire Academy training. Georgia Fire Department <u>must</u> have complied with Code Section 25 Laws and hold a valid Certificate of Compliance.

3. Have no known physical and/or other conditions that would eliminate participating in the course, class, or school.

4. Assure that payment for any and all medical or first aid treatment charges will be the responsibility of the Department or Organization represented.

5. Must have a completed Student Authorization/Pre-Registration Form on file indicating Department approval for student to participate in class.

6. If a Georgia firefighter, applicant must have completed a Basic Firefighter Course by or through GFA or an approved or an approved equivalent.

UNDERSTANDING:

It is understood that the students listed are eligible to receive fire service training, expect nothing more than the opportunity to learn under supervision in a controlled atmosphere and, therefore, hold harmless the State of Georgia, the Board of Public Safety, the Georgia Fire Academy, or any agent thereof for services rendered.

The students listed are members of this agency/department and are eligible to receive training as requested by this form. Fire Chief or Chief of Training must sign and date this form; form will be rejected without proper signature and Certificate of Compliance Number.

Signed:	_Title:	_Date:	(Chief or Training Officer/Dept. Head)	

Students listed indicates that he or she certifies that the information on this form is true and that he or she has read, understands, and agrees to the provisions listed.

Please Type or Print *Resident Programs Only							
S.S. Number	Students Name	Rank/Title	Date of Birth	Sex* (M-F)	Date Joined Org.	Lodging* (Y-N)	Signature