



# Lakes Region Mutual Fire Aid Training Division

62 Communications Drive, Laconia, New Hampshire 03246  
Tel: 603.528.9111 Fax: 603.528.5989

## GENERAL ADMISSION APPLICATION

### Personal Information

Name: \_\_\_\_\_ Sex: M F DOB: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Tel. No.: Day: \_\_\_\_\_ Night: \_\_\_\_\_ Cell: \_\_\_\_\_

### Agency

Department/Agency: \_\_\_\_\_ Rank/Position: \_\_\_\_\_  
Agency Address: \_\_\_\_\_ Agency Telephone: \_\_\_\_\_  
Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Program Information

Program Requested: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the information recorded on this application is correct. I agree to abide by the rules, policies, and regulations Lakes Region Mutual Fire Aid Association and New Hampshire Division of Fire Standards and Training if I am admitted as a student. Falsification of information may result in a denial of a course certificate. I hereby authorize release of any and all information concerning my enrollment in this course to the chief officer in charge or designee of my organization. All requests for information shall be in written form from said chief or designee.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the listed applicant is a member of our fire department/agency and is covered by Worker's Compensation Insurance. Non-affiliated students shall provide proof of insurance.

Signature of Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_

### Payment Method:

Personal Check  Agency Payment Invoice\*\* \*\*Signature Required (See below)

The \_\_\_\_\_ agrees to pay all fees for attendance of the listed applicant upon billing by Lakes Region Mutual Fire Aid.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LRMFA Use Only**

Received: \_\_\_\_\_ Enrolled: \_\_\_\_\_ Not Enrolled: \_\_\_\_\_