

M.S.U. Fire Service Training School

TECHNICAL RESCUE SERIES APPLICATION

Circle Academy You Are Attending: Academy Date(s): _____

Rope Technician Confined Space Rescue Trench Rescue Swiftwater Rescue Ranch Rescue

Other: _____

Student Information:

Payment Made BY:

Name: _____

Student: Y N

Home Mailing: _____

Check #: _____

City: _____ State: _____

Department: Y N

Zip: _____

P.O. #: _____

Primary Contact #: _____ - _____ - _____

Paid in Advance: Y N

Station/ Chief Phone #: _____ - _____ - _____

Deposit Submitted: Y N

Emergency Contact #: _____ - _____ - _____

Additional Payment Info:

Email: _____

All (or), Last Four Digits of Your Social Security #: _____

Social # _____ - _____ - _____

Organization Information: Please Check Main Affiliation, (Why You Are Here):

Fire ___ EMS ___ Search and Rescue ___ Private Industry ___ Personal ___ Other ___

Issue Certificate Too: Department ___ Student ___ Other ___