

**Cumberland County Emergency Communications - Fire Training Academy**

637 Bridgeton Ave Bridgeton, NJ 08302 Office: 856-455-8526 ext. 363 Fax: 856-455-9515

Please fill in the class details, department information, student information, and have an authorized sign below.  
Send the completed form(s) to Katelyn Hatfield by EMAIL at [katelynbr@cumberlandcountynj.gov](mailto:katelynbr@cumberlandcountynj.gov) or FAX.

**Course Registration Form**

Course Name:	Course Date(s):	Course Time:
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**Agency/Department Information**

Name:	Phone#:	Fax#:	
Address:	City:	State:	Zip Code:
E-mail Address:			

**Student Information**

First Name:	Last Name:	Phone#:	E-mail Address:

I hereby certify that all personnel from this department who are enrolled in the above course are covered by Workman's Compensation and Liability Insurance or otherwise adequately insured and are qualified to meet 29 CFR 1940.134(e) Medical Evaluation and 29 CFR 1910.134(f) FIT test of PEOSH Respiratory Protection Standard.

Authorized Representative (ex: Chief, Supervisor, FTO):	Title:	Phone #:
E-mail Address:		Date: