



Ontario County

Emergency Management Office

Fire Service Training Program

Training Authorization Letter

To the County Fire Instructor:

The firefighter listed below is an active member of _____ Fire Department, is at least 16 years of age, and is authorized to attend the course indicated below. I understand this training course may contain certain evolutions that simulate and/or create actual firefighting or rescue conditions. The Ontario County Emergency Management Office is not responsible and/or liable for any malfunction or damage to any equipment used during this training program.

PLEASE PRINT ALL INFORMATION

Fire Chief Authorization

Fire Dept.	FDID#	Date	
Fill in YES or NO		YES	NO
The firefighter listed below has medical clearance to use Self Contained Breathing Apparatus, (SCBA), in accordance with 29 C.F.R. part 1910.134			
The firefighter listed below is authorized to use SCBA and participate in interior/exterior firefighting evolutions.			

If you cannot answer the questions above because you do not know the requirements of 29 C.F.R. part 1910 or Do not know whether the firefighter listed below is authorized to use SCBA, please contact your County Fire Coordinator.

Print _____
Chief's Name _____ Chief's Signature

Course Title _____
Course Information

Last Name _____ First _____ MI _____
Address _____ City _____ State _____
Home Phone () _____ Work Phone () _____ Zip _____

I, _____, have read, fully understand and agree with above information. I understand and acknowledge the importance of safety during the training course and further acknowledge that if an Instructor believes that my behavior or abilities may cause a safety risk to myself or another, the Instructor has the authority to remove me from the simulation or course. I further understand and acknowledge the associated attendance requirements with the above listed course and due fully intend to be present for all sessions. Failure to attend any or all required session(s) may result in my exclusion of other County offered courses.

Signature of Firefighter _____ Date _____

And, if firefighter is 16 or 17 years old, the following consent must be provided:

I, _____, parent or legal guardian of _____, Consent to his/her participation in the training listed above. I have read, fully understand, and agree with the above information. I understand and acknowledge that safety is important during the training course and further authorize the Instructor to remove, _____ from the simulation or course if the Instructor believes that his/her behavior or abilities may cause a safety risk to himself/herself or another.

Signature of guardian _____ Date _____

Printed Name _____ Relationship _____

