Training Course Registration Form

Last Name | First Name | M.I. | Fire Service ID # | Date of Submission

Home Phone Number | Work Phone Number | email

(enter as ##########, auto converts to (###)###-####)

MCVFRS Personnel Only

Not MCVFRS Affiliated

MCVFRS Dept

MCFRS Personnel Only

Sta. # | Shift | Hire Date

Select your course from pull down menu below

EMT/Fire/Rescue Course Name

Now Select ---->>>

Fire/Rescue Course #

or

EMT Course #

If signing up for an EMT-B Recertification course you must list your actual expiration date from your EMT-B certification card

Initial Here

By entering your initials you are verifying that you meet or exceed all prerequistes for the course that you are applying for, and that you agree to allow the Registrar or designee to verify all information on this Course Registration Form.

Submission of this form does not equate to being accepted to or seated for the course requested. Rosters will be sent to all work sites per Training academy Policy.

It is your responsibility to follow up for the confirmation of receipt of your application.

To be completed by Registrar **ONLY**

Print Form <<------ Print out and submit by fax to **301-279-1795**

Submit by Email <<----- click here If using Mont. County OWA to send via e-mail **(don't forget to print out a copy for yourself)**