



**FIRE PROTECTION BUREAU
FIRE TRAINING ACADEMY
PO Box 1273
North Bend WA 98045
(425) 453-3000 FAX: (425) 888-3060**



COURSE REGISTRATION

Course Information

Course _____ Course Date _____

Housing costs \$30.00 per person per night and must be reserved in advance. Please call the FTA for space availability.

Mark if housing is requested. Date Arriving _____ Date Departing _____

Student Information

First Name _____ M.I. _____ Last Name _____

Fire Department _____

Last Four of SSN _____ Date of Birth _____ Rank/Rate (if applicable) _____
(mm/dd/yy)

Home Address _____

City _____ State _____ ZIP _____

Day Phone () _____ Evening Phone () _____ E-Mail _____

Gender _____ Occupation _____ Firefighter Status Career Volunteer

Department/Billing Information

Department/Company Name _____

Supervisor's Name _____ Rank/Title _____

Department Address _____

City _____ State _____ ZIP _____

Day Phone () _____ Evening Phone () _____ E-Mail _____

Fax # () _____ Purchase Order No. _____

Authorizing Signature _____

Return completed registration to:

**Fire Training Academy
PO Box 1273
North Bend WA 98045-1273
Fax: (425) 888-3060
Email: firetrainingacademy@wsp.wa.gov**