Course Title: Automatic Detection & Suppression Systems, SFA Course Code: AUTO Length of Course: 8 Hours

Prerequisites: NONE

Referenced Texts: TBA

Course Description: This course is designed to give the fire officer, fire prevention official, and code enforcement official a basic understanding of the design and operation of fire alarm and fixed fire protection system.

Dates: (September 25th; 08:00 - 17:00) Instructor: Stephen Lane

Cost: $15 (waived if training subscription was purchased)

REGISTRATION INFORMATION

Sponsoring Organization: ____________________________ Sta. No. ______ County: __________

Student Name: __________________________________________ Date of Birth __/__/___ Age____

Home Address: __________________________________________

City: ____________________________ State: __________ Zip: __________

(_________) _______-(______) __________________________
(Student's Email Address) (Student's Phone #)

CHIEF'S AUTHORIZATION

In authorizing a student to attend any York County Fire School-sponsored course, the Chief and/or Supervisor certifies that the student:

1. Meets the qualifications for attendance, including all necessary prerequisites.
2. Does not have any physical and/or other conditions which would prevent them from actively participating in all portions of the course.
3. The student is covered by Worker’s Compensation Insurance.

Signature of Authorizing Person: __________________________________________

PRINT YOUR NAME

Note: By authorizing this class, you are authorizing the Fire School to bill your organization for no shows. Students failing to give 72 hour notice of withdraw or not attending and/or missing 20% of a class, will subject the organization to a charge for the cost of the class. The organization is responsible for the cost of the class. Failure to pay such fees will result in eliminating your organization members’ attendance at future classes.

E-mail address OR phone # for confirmation / class cancellation notification purposes only (REQUIRED):

Phone Number (______) _______-(______) __________________________
(Chief or Training Officer Contact Information Only)

Please mail or fax this completed form to the address or number listed above. PLEASE PRINT CLEARLY. Thank you.