

**Truck Company Operations 2 (ATRC), 16 Hours**



# York County Fire School

*"A part of the Fire Chiefs and Firefighters Association of York County"*

**330 Emig Road  
York, Pennsylvania 17406**

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Phone: (717) 767-4097, Fax: (717) 764-3243

**Course Title:** Truck Company Operations 2 **SFA Course Code:** ATRC, **Length of Course:** 16 Hours

**Prerequisites:** Truck Company Operations 1 (TRCO)

**Referenced Texts:** IFSTA: Essentials, 2nd Edition; Building Construction, 1st Edition; Ground Ladder Practices, 8th Edition; Safety, 1st Edition; Salvage/Overhaul, 7th Edition; "Truck Company Operations" by Hal Richman

**Course Goal:** This course is designed to build upon and refine the knowledge and skills involved in providing effective truck company operations that were acquired by the student in the prerequisite course.

**Description of Course:** This course will allow the student to practice and further refine his/her ability to effectively and safely perform the fireground duties normally assigned to truck companies.

**Dates:** September 13<sup>th</sup> & 14<sup>th</sup>; 08:00 – 17:00

**Instructor:** Brian Bastinelli

**USING INK, PLEASE PRINT CLEARLY.**

## **REGISTRATION INFORMATION**

Student Name : \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_

Sponsoring Organization: \_\_\_\_\_ Sta. No. \_\_\_\_\_

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 that 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: \_\_\_\_\_

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

Phone Number ( ) - or @ .

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

**Thank you.**