



GEORGIA FIREFIGHTER STANDARDS AND TRAINING COUNCIL

REGISTRATION APPLICATION

SUPPORT [] VOLUNTEER [] PART-TIME [] INMATE []

COMPLETE AND RETURN THIS FORM FOR EACH NEWLY APPOINTED CANDIDATE AFTER ALL STANDARDS AS SET FORTH IN O.C.G.A. 25-4 AND POLICY OF COUNCIL HAVE BEEN SUCCESSFULLY COMPLETED.
(PLEASE TYPE OR PRINT LEGIBLY)

SPONSORING AGENCY/FIRE DEPARTMENT _____

CANDIDATE'S NAME _____
First Middle Last

GFSTC ID# _____

LEVEL REQUESTED _____ DATE OF EMPLOYMENT/APPOINTMENT _____

Place a mark by each statement that is true and correct for the candidate. All applicable supporting documentation is to be kept on file at the department and made available for review by GFSTC staff upon request.

- (a) Is at least 18 years of age
- (b) Has successfully completed the Council approved minimum training course curriculum or equivalent
- *(c) Has successfully completed the Council approved live-fire training evolution or accepted equivalent
- (d) Has successfully completed the written examination as approved by the Council within one year

***The live-fire training evolution is not required for Support Level Firefighter**

I HAVE MET ALL OF THE ABOVE REQUIREMENTS _____

CANDIDATE SIGNATURE

I hereby attest and affirm that the information supplied herein is true and correct to the best of my knowledge.

SIGNATURE FIRE CHIEF/DESIGNEE _____ DATE _____

PRINT FIRE CHIEF/DESIGNEE _____

Sworn to and subscribed before me this date: _____

Notary Public _____

My commission expires _____

OFFICE USE ONLY	
REGISTERED Y N	REG DATE: _____ STAFF INITIAL _____
REGISTRATION # _____	