



STAFFORD COUNTY TRAINING DIVISION



Class Registration Form

Course Title _____ FDID: _____

Course Dates: _____ to _____

Location _____

Name: _____ DOB: _____

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ (Home)

_____ (Work)

Email*: _____ * confirmations sent by email

Department: _____

Previous Training: Fire: _____

EMS: _____

Student Signature: _____ Date: _____

Training Officer/Chief Name: _____ Title: _____

Training Officer/Chief Signature: _____ Date: _____

STUDENTS MUST BE 16 YEARS OLD THE FIRST DAY OF ANY DFP OR EMT CLASS.

A copy of age verification must be attached to this form (Birth Certificate, Driver's License, Passport) for all Hazmat Awareness/Ops, Firefighter I and EMT-B Classes

Please send to: Stafford County Training Division
P.O. Box 339
Stafford, VA 22554

Or Fax to: 540-658-4545

OFFICE USE ONLY	Age Verification:	Attached	Y N
Approved: _____	Denied: _____	Payment Received: _____	