



Heavy Rescue Incorporated
P.O. Box 50249
New Bedford, MA 02745
1-866-323-6111
www.heavyrescueinc.com

Course Application

Course Title: _____

Date(s) of Course: _____

Student Name: _____

Street Name & Number _____

City: _____ State: _____ Zip Code: _____

Phone Number: Home/Cell _____ Work _____

Department Name: _____

Title/Rank: _____

(Check One)

- Municipal Purchase Order Included (if paid by Fire Department)
- Check or Money Order Included (if paid by student)

Student Signature: _____

To Be Completed by Head of the Fire Department or Sponsoring Agency (Only if Required by Course Offering)

I certify that the above person is a member of my department/agency and

(Check One)

- Is Firefighter One Certified
- Is Firefighter One Trained
- Has Training and experience to the level of Firefighter One

Print Name: _____ Title _____

Chiefs Signature _____ Date _____