



ADJUNCT COURSE APPLICATION

NEW MEXICO FIREFIGHTERS TRAINING ACADEMY

600 Aspen Rd.

Socorro, NM 87801

In-State Toll-Free: 1-800-734-6553

Phone: (575) 835-7500 Fax: (575) 835-7506

This form must be filled out completely and returned, along with any other required paperwork, to the Fire Academy for proper documentation. Failure to submit required information may result in rejection of Course Application. Please Print or Type.

Course Title: _____ Cadet Class: Yes No

Lead Instructor: _____

Address: _____

Phone Numbers: Home: _____ Work: _____ Fax: _____

E-Mail (if available): _____

Safety Officer: _____

Phone Numbers: Home: _____ Work: _____ Fax: _____

E-Mail (if available): _____

Scheduled Course Dates: Beginning: _____ Ending: _____

Primary Course Location: _____

Course Test Date: _____ Time: _____

Cadet Courses Only:

Haz-Mat: Awareness & Operations Test Date: _____	Time: _____
Firefighter Cadet Test Date: _____	Time: _____
Date for Live-Burn Practicals: _____	

Please attach the projected Course Schedule listing Subject, Instructor, Date, and Hours; and the number of students enrolled in the course.

By my signature affixed below, I, _____, do attest that all students selected for this

Course meet all criteria as set forth by the New Mexico Firefighters Training Academy. I further understand that all paperwork associated with the completion of this course must be received by the New Mexico Firefighters Training Academy for processing no later than 10 days from the last scheduled date of the course.

Signature

Date

***** For Academy Use Only *****

Approved: Yes No Course Number: _____

Approved by _____
Signature *Date*