



GENERAL ADMISSION APPLICATION

NEW MEXICO FIREFIGHTERS TRAINING ACADEMY

Phone: (575) 835-7500 – In-State Toll-Free: 1-800-734-6553

Please return to:

600 Aspen Road, Socorro, New Mexico 87801 • Fax: (575) 835-7506 • Email to: sharlynn.montoya@state.nm.us

SECTION I – COURSE INFORMATION

Course Title: _____

Course Dates: _____ Location: _____

SECTION II – APPLICANT INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ E-Mail Address: _____

Mailing Address: _____
P.O. Box or Street No. City State Zip Code

Home or Contact Phone: _____

SECTION III – FIRE DEPARTMENT/AGENCY INFORMATION

In order to receive Fire Department classification per the Selection Criteria Policy and a waiver of course fee, the applicant's Department Chief, Supervisor, or Supervising Officer must complete this section. Applicants who do not fill out this section will be classified "Unaffiliated" and subject to a course fee.

Department/Agency Name: _____

Department Mailing Address: _____

Department Phone Number: _____ Department Fax: _____

Chief or Training Officer: _____ Title: _____

E-Mail: _____ Phone: _____

Do you have any medical condition or disability that would require special consideration during your attendance at the Fire Academy?
 No Yes *If yes, please give a full explanation on a separate page and attach to this application.*

SECTION IV – LIABILITY AND WAIVER INFORMATION

This section must be read and signed by the applicant, and if applicable, by the Department Chief, Supervisor or Supervising Officer. (If Section III has been completed, this section must have both signatures. If application is not signed, it will be rejected.)

The applicant is a member/employee of the department or organization listed (unless unaffiliated) and meets its minimum age and educational requirements. (The Fire Academy requires the applicant to be at least 18 years of age when the application is signed.) Information concerning enrollment and test scores will only be released to the student, the Fire Chief or Training Officer or his/her designee, and only at the discretion of the Fire Academy. The information provided is correct, and applicant agrees to abide by all Fire Academy rules, policies and regulations. For courses requiring the use of fire protective clothing, it is understood that the applicant must furnish his or her own clothing, that it is in good condition, and that it is in compliance with the applicable NFPA Standard at the time of purchase. It is understood that the Academy is not authorized to provide medical or health insurance for students. The individual and/or the organization must maintain appropriate insurance for the applicant. Any claims against the New Mexico Firefighters Training Academy or its employees or representatives for any injury as a result of participation in training and instruction are hereby waived.

I have read and understand the Liability and Waiver Information

Applicant Date

Department Chief or Supervisor Date

Application Status

Accepted: _____ Rejected: _____

Notes:

Academy Use Only