

**COLUMBIA COUNTY FIRE COORDINATOR
FIRE SCHOOL PREREGISTRATION APPLICATION**

TRAINING COURSE NAME: _____

LOCATION: _____

START DATE: _____

FIREFIGHTER'S DEPARTMENT: _____

FIREFIGHTER'S NAME: _____

SIGNATURE: _____

FIRE DEPARTMENT CHIEF/COMMANDING OFFICER

OFFICERS NAME: _____

OFFICERS SIGNATURE: _____

FIREFIGHTER'S CONTACT INFORMATION

HOME PHONE: _____

CELL PHONE: _____

E-MAIL OR OTHER CONTACT: _____

**Preregistration must be submitted and received at the
Fire Coordinator's Office
10-DAYS BEFORE START DATE OF COURSE**

FAX TO: 828-2790

MAIL TO: Columbia County Fire Coordinator
85 Industrial Tract
Hudson, New York 12534