

Full Service Fire Fighter Operations Course Registration Form

*Fire Department Name:		
*Fire Department Authorized Contact:		
*Address:		
*City:	*Province:	*Postal Code:
*Telephone:	*Email Address:	
* Designated Online Training Assistant from Fire Department Name:	JI Student #: J	
*Designated Online Training Assistant Email Address:		

The Training Assistant (as "TA" below) will be the member of your department designated by the Fire Department Training Division who will be accessing the online courses as a monitor to guide the students registered in the courses requested below. The named TA is unable to Proctor or Evaluate for the requested program group you have requested below. Please note: The TA cannot be registered as a student.

- * First Nations Fire Department
(First Nations FD may have funding support through FNESS)
Information to be shared with FNESS
- Non First Nations Fire Department

Course Registration (Please click on all appropriate boxes)

Course Name	Total # of Students	Course Cost	Total Cost
FIRE-1057 Full Service Fire Fighter Knowledge		\$131.25 (incl GST)	
FIRE-1058 Full Service Fire Fighter Skills		\$63.00 (incl GST)	
FIRE - 1059 Full Service Firefighter Community Service		\$26.25 (incl GST)	
HZMT-1110 Hazardous Materials Emergency Response - Operations Level	Please contact our Registration Office at 604.528.5590 or register online at http://www.jibc.ca/registration/ways-register		
FIRE-1072 Live Fire II	Please contact our Registration Office at 604.528.5590 or register online at http://www.jibc.ca/registration/ways-register		
Training Assistant Access code for Jones & Bartlett online text book Annual Fee (code valid 12 months from first login, and is optional - textbook can be purchased from JIBC Store)			\$84.00 (incl.GST)
** You have 1 year to complete the Full Service Program.		TOTAL PAYABLE	

Payment Options (Please click on one of the options)

Invoice Fire Department at address above

Cheque/Money Order/Credit Card

Cheque or Money Order payable to JIBC issued by: _____

Visa/Mastercard/American Express: Card Number _____; Expiry: _____; CVC: _____

Name of Cardholder: _____; Signature: _____

Please complete the student information section at the end of this form for all students you are registering.

Fire Department Authorized Contact Signature: _____

Date Submitted (mm/dd/yyyy): _____

Fire & Safety Division Use Only Registration processed by (initials) and date processed	Fire & Safety Division Use Only Invoice processed by (initials) and date processed
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Student Information

All students listed below must be from the same Fire Department.

*Legal Last Name, First Name	JIBC Student Number	*Date of Birth (YYYY-MM-DD)	*Email Address

To submit this form, print and sign all signature lines, then scan and email to vocationalFFTC@jibc.ca