

**REQUEST FOR COMPLETED COURSE INFORMATION
FIRE FIGHTER I & II PROGRAM TO FULL SERVICE**

*My Department currently uses the JIBC FFI&II Program: YES NO

- If you have checked 'NO', this form does not apply to your department, please disregard.
- If you have checked 'YES' please complete this form with the names of members that are either part way through the FFI&II program and/or those member that have completed the FFI&II program.

*FIRE DEPARTMENT: _____

*FIRE CHIEF/TRAINING OFFICER: _____

*EMAIL: _____ *PHONE: _____

NO HAND WRITTEN FORMS PLEASE

*STUDENT LAST NAME	*STUDENT GIVEN NAME	JIBC STUDENT ID (IF KNOWN)	*DATE OF BIRTH (YYYYMMDD)
SMITH	JOHN	J0012345/100123456	18950202

Once you have completed this form please either fax to 604.462.9149 or emailed: vocationalFFTC@jibc.ca

*MANDATORY FIELD

Continued:

*FIRE DEPARTMENT: _____

*FIRE CHIEF/TRAINING OFFICER: _____

*EMAIL: _____ *PHONE: _____

*STUDENT LAST NAME	*STUDENT GIVEN NAME	JIBC STUDENT ID (IF KNOWN)	*DATE OF BIRTH (YYYYMMDD)

*MANDATORY FIELD