

# MODERN FIRE BEHAVIOR & FLASHOVER RECOGNITION APPLICATION



Email to: [DPS.VFAApplications@vermont.gov](mailto:DPS.VFAApplications@vermont.gov) Or  
 Mail to: Vermont Fire Academy, 93 Davison Drive, Pittsford, VT 05763  
 Tel: 802-483-2755 Website: [firesafety.vermont.gov/academy](http://firesafety.vermont.gov/academy)



**Applications and proof of eligibility must be received by the VFA at least 14 days prior to the course date.**

Personal Information			
First Name:	Middle Initial:	Last Name:	
Mailing Address:			
City:		State:	Zip Code:
Mobile Phone:	Work Phone:	Home/Other Phone:	
E-Mail:		Date of Birth:	
Last Four Digits of Social Security Number:		Male	Female    Other
Agency Information			
Department/Agency Name:			
Rank/Position:	Permanent    Call    Volunteer		
Agency Mailing Address:			
City:		State:	Zip Code:
Agency Phone:		Approximate Date of Hire:	
Program Information			
Program Start Date:		Location:	
Indicate which portion(s) of the course you want to attend: <input checked="" type="checkbox"/> Full Course      Classroom ONLY			
<p>I certify that the information recorded on this application is correct. I agree to abide by the rules, policies, and regulations of the Vermont Fire Academy if I am admitted as a student. Falsification of information may result in denial of a course certificate. I hereby authorize release of any/all information concerning my enrollment in this course to the chief officer in charge or designee of my organization. All requests for information shall be in writing from said chief or designee.</p> <p style="text-align: center; background-color: yellow;"><b>PRINT OFF BOTH PAGES TO ADD SIGNATURES AND DATES</b></p>			
Applicant Signature:			Date:
<p><b>This is a two-page application, and both pages must be completed.</b></p>			

# MODERN FIRE BEHAVIOR & FLASHOVER RECOGNITION continued....

**THIS SECTION IS REQUIRED FOR ALL FULL COURSE PARTICIPANTS**  
**STUDENT PREREQUISITE SKILL COMPLIANCE TO NFPA 1403 STANDARD ON LIVE FIRE TRAINING**

The firefighter applicant has the following skill-based training as required by *NFPA 1403*:

VT Essentials of Firefighting Units 1, 2, & 3, or

VT Essentials of Firefighting Sections A, B, & C, or

Firefighter I Certification      Date Achieved:

This firefighter has received training and performance evaluation in accordance with *NFPA 1001 Standard for Fire Fighter Professional Qualifications*. I certify that his/her job skills are compliant with the prerequisites defined in NFPA 1403.

The firefighter applicant will comply with the Vt. Fire Service Training Council's Respiratory Protection Policy with respect to absence of facial hair beneath the facepiece seal. I certify that the listed applicant is a member of our fire department/agency, is at least 18 years of age, has the above indicated prerequisite training, and is covered by Worker's Compensation Insurance.

**PRINT OFF BOTH PAGES TO ADD SIGNATURES AND DATES**

Authorized Signature (Chief or Designee):

Date:

**This is a two-page application, and both pages must be completed**

OFFICE USE ONLY -

Date Received:

Approved:

Denied:

Entered: