



Toms River Fire Academy

1780 Church Rd.
Toms River, NJ 08753
Phone 732-255-4024 / Fax 732-255-9432
Academy@trfire.org
WWW.Tomsriverfire.com

Class Registration Form

Instructions: Type or Neatly Print information on form in its entirety and return to the Academy.

Name: _____ DOB _____

NJ Division of Fire Safety # _____ SS # _____

E-Mail Address: _____

Full Address: _____

Home Phone: _____ Cell Phone: _____

Company: _____

Department: _____

Title of Class: _____

Class # _____ Starting Date: _____

Date of Application: _____

This form must be approved by a Company of Department Officer.

I attest that the applicant is a member of the above Fire Company, has successfully completed all prerequisite courses and is covered by Workers Compensation and Liability Insurance.

Co./Dept. Officer: _____ Title: _____

Academy Use: Date Received: _____ By _____

Confirmed with Student _____ By _____