



Washington State Patrol
STATE FIRE MARSHAL'S OFFICE
Serving Washington Since 1901



Fire Training Academy

Phone Number: (425) 453-3000 • E-Mail: FTARegister@wsp.wa.gov • Fax: (425) 888-3060

Testing Only Registration

TESTING INFORMATION

Please check **ONE** of the following, per the registration form:

- Fire Instructor 1
 Fire Officer 1
 Firefighter 1
 Firefighter 2
 Fire Instructor 2
 Fire Officer 2
 Hazmat Operations
 Hazmat Awareness

Testing Start Date _____ Testing: Practical Only Written Only Practical and Written

HOUSING INFORMATION

Housing Requested: NO YES (if YES, please complete the dates below)

Check-In Date _____ Check-Out Date _____

STUDENT INFORMATION

First Name _____ Last Name _____

Agency Name/Fire Department (or Not Applicable) _____

Last Four SSN _____ Date of Birth _____ Title/Rank _____
(REQUIRED) MM/DD/YYYY (IF APPLICABLE)

Mailing Address _____
 City _____ State _____ ZIP _____

Phone (____) _____ E-Mail _____

Gender: Female Male Firefighter Status: Career Volunteer N/A

Supervisor/Agency Contact _____ Title/Rank _____

Phone (____) _____ E-Mail _____

BILLING INFORMATION

Self-Pay **Please note, payment cannot be accepted prior to the testing date.**

Paying for: Testing Housing
 Payment Method: Credit/Debit (We are unable to accept American Express or Discover cards)

Department/Agency Payment **Departments will be invoiced for payment after testing is completed.**

Paying for: Testing Housing

Department/Agency Name _____

Billing Address _____

City _____ State _____ ZIP _____

Phone (____) _____ PO # _____ E-Mail _____
(IF APPLICABLE)

Authorizing Signature _____

Printed Name of Authorizing Signature _____ Date _____

RDDP or FTA Exp.

FTA Staff Authorizing Signature _____

Printed Name of Authorizing Signature _____ Date _____

Please return completed registration via e-mail to FTARegister@wsp.wa.gov