



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](mailto:FTARegister@wsp.wa.gov) • Fax: (425) 888-3060

**Recruit Academy Registration**

**RECRUIT ACADEMY INFORMATION**

Please check **ONE** per form:  Recruit  Company Officer  TBD

Please check **ONE** Academy to register for:

Weekday 2025-01  Weekday 2025-02  Weekday 2025-03  Weekend 2025-04

Dates associated with each Recruit Academy listed above are available on our web site: <https://www.wsp.wa.gov/training/>

**STUDENT INFORMATION**

TBD Number: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_

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

Physical Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Gender:  Female  Male Enrollment Status:  Career  Volunteer

Fire Department \_\_\_\_\_

Supervisor/Dept. \_\_\_\_\_ Title/Rank \_\_\_\_\_

Contact Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**CONFIRMATION OF COSTS**

Tuition Costs

Meal Costs

Housing Costs

**PAYMENT AND BILLING INFORMATION** *(The following boxes must total the amounts selected above.)*

Department Sponsored;  
 Department will be paying a total of: \$ \_\_\_\_\_ for  Tuition  Meals  Housing

Department/Agency Name \_\_\_\_\_

Billing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ PO # \_\_\_\_\_ E-Mail \_\_\_\_\_  
(IF APPLICABLE)

Authorizing Signature \_\_\_\_\_

Printed Name of Authorizing Signature \_\_\_\_\_ Date \_\_\_\_\_

Recruit Self-Pay via Credit/Debit Card. Recruit will be paying a total of:  
 \$ \_\_\_\_\_ for  Tuition  Meals  Housing

Please return completed registration via e-mail to [FTARegister@wsp.wa.gov](mailto:FTARegister@wsp.wa.gov)