



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

Open Enrollment Course Registration

COURSE INFORMATION

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

<input type="checkbox"/> Fire Instructor 1	<input type="checkbox"/> Fire Officer 1	<input type="checkbox"/> Firefighter 2 Only	<input type="checkbox"/> Fire Control 1
<input type="checkbox"/> Fire Instructor 2	<input type="checkbox"/> Fire Officer 2	<input type="checkbox"/> Fire Officer 3	<input type="checkbox"/> Search and Rescue
			<input type="checkbox"/> Driver/Operator – Pumper

Course Start Date _____

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

Paying for: Course Housing

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

Department/Agency Payment

Paying for: Course 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