

**Building Construction – Combustible (BCP), 16 Hours**

**YORK COUNTY FIRE SCHOOL**

*"A part of the Fire Chiefs and Firefighters Association of York County"*

**330 Emig Road**

**York, Pennsylvania 17406**

**Phone: (717) 767-4097, Fax: (717) 764-3243**

**www.yorkcountymfireschool.org**



**Course Title:** Prin. of Building Const. – Combustible, **SFA Course Code:** BCP, **Length of Course:** 16 Hrs

**Prerequisites:** Essentials of Fire Fighting or Introduction to the Fire Service, or Equivalent

**Referenced Texts:** NFPA 1500; NFPA 1561; NFPA 220; SARA Title III; 29CFR1910; Student Manual

**Description of Course:** The overall goal of this course is to provide knowledge about the classification system of buildings, the importance of fire resistance for structural support elements, and the risks associated with performing fire-suppression activities inside and around buildings involved in fire. One additional major goal of this course is to enhance the skills of emergency response personnel so that they can read a building correctly and apply the information to the action plan for the incident.

**Dates:** (November 6<sup>th</sup> & 8<sup>th</sup>; 18:30 – 22:30 & 12<sup>th</sup>, 2017; 08:00 – 17:00)

**Instructor:** Bob Sells

**Cost: \$40** (waived if training subscription was purchased)

**REGISTRATION INFORMATION**

Sponsoring Organization: \_\_\_\_\_ Sta. No. \_\_\_\_\_ County: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ & \_\_\_\_\_ @ \_\_\_\_\_.

**(Student Contact Information)**

**CHIEF'S AUTHORIZATION**

In authorizing a student to attend any York County Fire School-sponsored course, the Chief and/or Supervisor certifies that the student:

1. Meets the qualifications for attendance, including all necessary prerequisites.
2. Does not have any physical and/or other conditions which would prevent them from actively participating in all portions of the course.
3. The student is covered by Worker's Compensation Insurance.

Signature of Authorizing Person: \_\_\_\_\_

\_\_\_\_\_  
PRINT YOUR NAME

**Note: By authorizing this class, you are authorizing the Fire School to bill your organization for no shows. Students failing to give 72 hour notice of withdraw or not attending and/or missing 20% of a class, will subject the organization to a charge for the cost of the class. The organization is responsible for the cost of the class. Failure to pay such fees will result in eliminating your organization members' attendance at future classes.**

E-mail address **OR** phone # for confirmation / class cancellation notification purposes only **(REQUIRED):**

Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ or \_\_\_\_\_ @ \_\_\_\_\_.

**(Chief or Training Officer Contact Information Only)**

**Please mail or fax this completed form to the address or number listed above. PLEASE PRINT CLEARLY. Thank you.**