

**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

**Description of Course:** This course focuses on Type III, Type IV and Type V constructed buildings and what the first-in firefighter as well as the new and experienced officer need to know about the hazards associated with these types of construction. Student will be introduced to recognizing combustible construction prior to entering the structure as well as receiving an introduction to building codes associated with combustible construction, the collapse potential and fire behavior one can expect when working in this environment. A homework assignment **MUST** be completed to pass the course.

**Dates:** November 7<sup>th</sup> & 14<sup>th</sup>; 1830 – 2230, & 17<sup>th</sup>, 2019; 0800 – 1700 **Instructor:** Bob Sells

**Cost: \$42** (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. No Shows are: students failing to give 72 hour notice of withdraw or not attending and/or missing 20% of a class; which will subject the organization to be charged for the cost of the class (Not covered under subscription). 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.**

Chief or Training Officer’s Email: \_\_\_\_\_

(E-mail address is for class confirmation /cancellation notification purposes only **(REQUIRED)**)

Please email to [Registration@ycfs.us](mailto:Registration@ycfs.us). It can also be mailed or faxed to the address or number listed above.

**PLEASE PRINT CLEARLY. Thank you.**