

**Truck Company Operations 1 (TCRO) 16 hours**



**YORK COUNTY FIRE SCHOOL**

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

330 Emig Road

York, Pennsylvania 17406

[www.yorkcountfireschool.org](http://www.yorkcountfireschool.org)

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

**Course Title:** Truck Company Operations 1, **SFA Course Code:** TCRO, **Length of Course:** 16 Hrs.

**Prerequisites:** Essentials of Firefighting / Interior Firefighter & **Minimum Age: 18 first day of class**

**Referenced Texts:** IFSTA 5th Edition manual, Essentials of Fire Fighting; Building Construction; Forcible Entry; Ground Ladder Practices; Safety; Salvage Practices

**Description of Course:** Truck companies, regardless of whether they arrive on an aerial device, squad, or engine, are the 'combat engineers' of fire attack operations. This course, for *experienced* fire fighters, will introduce the student to the basic concept of truck company operations and duties, including organizing the delivery of truck company services, selection and use of key tools, advanced ventilation and forcible entry theory and practices, search and rescue, and other fire attack support functions.

**Dates:** (June 13<sup>th</sup> & 14<sup>th</sup>; 18:30 – 22:30 & 17<sup>th</sup>, 2018; 08:00 – 17:00)

**Instructor:** Bob Sells

**Class Fee: \$100** (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 (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ or \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

(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.