

Truck Company Operations 2 (ATRC), 16 hours



YORK COUNTY FIRE SCHOOL

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

330 Emig Road

York, Pennsylvania 17406

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www.yorkcountymfireschool.org

Course Title: Truck Company Operations 2, **SFA Course Code:** ATRC **Length of Course:** 16 Hrs

Prerequisites: Essentials of Firefighting or Entry Level of Firefighting Series, Truck Company Operations 1 & **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: This course will allow the student to practice and further refine his/her ability to effectively and safely perform the fire ground duties normally assigned to truck companies.

Dates: (July 8th & 9th, 2017; 08:00 – 17:00)

Instructor: Bob Sells

Cost: \$100.00 *(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.