



IDHS Firefighter Training System NWI District 1 Firefighter Training Council



Student Name: _____ E-Mail: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Sponsoring Department: _____ County: _____

Emergency Contact: _____ Relation: _____ Phone: _____

All students are required to have textbooks and are expected to keep up with reading assignments before each class.

- ***I hereby decline the issuance of any material and will either purchase the material personally or use material purchased or provided from my sponsoring Department***

- ***I hereby acknowledge that I have received the following material and will return said material upon completion of the course. I further agree to replace the material if not returned or reimburse the District for the total cost to replace said material. Failure to comply will result in restrictions on future IFTS training and possible legal action. Eligibility for certification will also be withheld until material is returned. Sponsoring Department will also be notified of failure to return said material and will be expected to assist in the recovery and return of said material.***

Material Title	Number	Date Issued	Student Initials	Date Returned	Instructor Initials

Student Signature: _____ Date: _____