



**ARFF Program
Registration Information**

Phone: 979-458-2270 or 979-862-7475

Please complete the following steps to initiate the registration process.

Print a hard copy and mail the signed copy of this entire packet to:

TEEX – ESTI
Municipal - Aircraft Rescue and Fire Fighting
Program Attention: Tim Sullivan
PO Box 40006
College Station, TX 77842

In lieu of mailing you may choose to fax your application to: 979-458-0506

NO ONE UNDER 18 YEARS OF AGE WILL BE ALLOWED TO REGISTER. Be sure to complete the age information on the following registration form.

Prerequisites

- For ARFF Certification, students must submit proof of certification as NFPA 1001 Fire Fighter I and Fire Fighter 2.
- For ARFF Driver/Operator Certification, students must submit proof of ARFF certification
- Students must supply their own compliant PPE (except SCBA) for hands on sessions.

Additional Information

IFSTA Aircraft Rescue and Firefighting, 6th edition, will be supplied upon reporting to class; however, we recommend you obtain and read book prior to arrival.

Please direct any questions you may have to Tim Sullivan at 979-862-7475 or tim.sullivan@teex.tamu.edu

I, the undersigned, verify that I have successfully completed the required prerequisites as outlined above.

Student Signature: _____

Date Signed: _____

Student Name (Print): _____

I, the undersigned, as chief or training officer of the represented fire department, company or organization, verify that the above named individual has successfully completed the required prerequisites as outlined above.

Supervisor Signature: _____

Date Signed: _____



Participant Information:

(Photocopies can be made for additional participants)

Participant Legal Name (First name MI Last name) _____

TEEX Student ID** (or Social Security Number*) _____

TCLEOSE / TCOLE PID# _____

TCFP FIDO# _____

FEMA SID# _____

PERSONAL INFORMATION

Address _____

City / County _____

State / Zip / Nation _____

Phone _____ Fax _____

Email _____

Date of Birth _____
(month / day / year) or (year) – see below

*Full date of birth required from non-US students and any student taking a course where full date of birth is required to be provided for participation.
 Contact the course point of contact if unsure.*

I am or will be at least 18 years old on the first day of class

Male Female

COMPANY INFORMATION

Organization _____

Supervisor Name _____

Address _____

City / County _____

State / Zip / Nation _____

Phone _____ Fax _____

Email _____

AFFILIATION STATUS (check all that apply)

- Paid Volunteer
 Industrial Non-affiliated

VETERAN? Yes No

Course Information:

Be sure to review the TEEX Transfer & Cancellation Policy on the back

Course Number _____	Course name _____	Class Location _____	Class Date(s) _____	\$ _____	Class Fee
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*Section 7(b) of the Privacy Act of 1975 (5 U.S.C. 552a) requires that when any federal, state, or local government requests an individual to disclose his or her social security account number (SSN), that individual also must be advised whether that disclosure is mandatory or voluntary, by what statutory or other authority the number is solicited and what uses will be made of it. (Call 866-878-8900 for full privacy statement.)

**New students will receive a student ID number from TEEX.

***By sending your check, please be aware that you are authorizing the Texas A&M Engineering Extension Service (TEEX) to make a one-time electronic debit from your account at the financial institution on your check. This electronic debit will be for the amount of the check; no additional amount will be added to the amount and ALL transactions will remain secure. Please contact TEEX's Financial Services Department at (979) 458-6906 to learn about other payment options if you prefer NOT to have your check used this way. We value your business and appreciate your selecting TEEX for your training needs.

Payment Information — Advance registration is required. Payment must accompany registration. **TOTAL AMOUNT DUE: \$** _____

Arrange payment by one of the following methods:

1. Check*** / Money Order / Cashier's Check enclosed payable to TEEX *(Please add course number, course name, and course date)*
2. Purchase Order *(Copy of official and signed company PO must be attached. TEEX will send you an invoice.)*
3. Credit Card (complete card information below)
4. PIN-less DebitCard (complete card information below)

MasterCard Visa American Express Discover

(Print) Name on Card _____

Last 4 Digits of card number: _____

Billing Zip Code: _____

Signature _____ Signature Date _____

FOR CUSTOMER SECURITY: REQUIRED INFORMATION BELOW WILL BE DESTROYED ONCE PAYMENT IS PROCESSED

CUT AND SHRED ALL BELOW

Credit Card Number: _____

CUT AND SHRED ALL BELOW

Expiration Date: _____

GENERAL RELEASE INFORMATION

REQUIRED FOR PARTICIPATION

General Liability Statement

In consideration for receiving permission to participate in the foregoing course sponsored by the Texas A&M Engineering Extension Service (TEEX), a member of The Texas A&M University System (TAMUS), I hereby **FULLY RELEASE, FOREVER DISCHARGE, AND AGREE TO HOLD HARMLESS**, for any and all purposes, TEEX, TAMUS, the Board of Regents of TAMUS, and their respective officers, servants, agents, volunteers and employees (collectively, the "Released Parties"), of and from any and all liability to me, my personal representatives, assigns, heirs and next of kin, for any damage to or loss of my property, any injury to my person, including death, arising directly or indirectly out of my participation in the Course, **INCLUDING ANY SUCH DAMAGE, LOSS OR INJURY THAT IS CAUSED BY ANY ACT OR OMISSION ON THE PART OF THE RELEASED PARTIES**. I further agree to **INDEMNIFY, DEFEND, AND HOLD HARMLESS** the Released Parties for, from, and against any and all liabilities, damages, claims, lawsuits, costs (including court costs, attorneys' fees and costs of investigation), and actions of any kind or description for any damage to or loss of property or injury to persons, including death, arising out of the Course or my participation in the Course, **INCLUDING ANY DAMAGE, LOSS OR INJURY CAUSED BY ANY ACT OR OMISSION ON THE PART OF THE RELEASED PARTIES, INCLUDING ANY NEGLIGENT CONDUCT OF THE RELEASED PARTIES** but excluding any gross negligence or willful misconduct of the Released Parties.

By execution below I hereby acknowledge that there are inherent risks involved in this Course and I recognize and assume all of the risks associated with participation in the Course. **I ACKNOWLEDGE THAT IT IS IMPORTANT THAT I VERIFY THAT I HAVE INSURANCE COVERAGE WHICH EXTENDS TO ME WHILE PARTICIPATING IN THE COURSE, AND THAT I SECURE SUCH COVERAGE IF I DO NOT ALREADY HAVE IT.** I understand that TEEX does not provide such coverage, and that no insurance coverage may exist through TEEX to cover any injuries or damages which I may sustain or claims which may arise as a result of my participation in the Course.

Non-Discrimination Statement

No individual will, on the basis of race, color, sex, religion, national origin, age, or disability, be excluded from participation in, or be denied the benefit of, or be subjected to discrimination under any System program or activity. If you, as a student do feel that you have been discriminated against, please contact TEEX's Human Resources Office at 979-458-6801 or at HR@teex.tamu.edu.

Media Release

Occasionally TEEX training is photographed and/or videotaped for marketing and promotional purposes. If such a need should occur, the instructor will notify the class and you will have the opportunity to opt-out of participation. Otherwise, your participation grants TEEX the right to use any and all photographs or video taken during training for the purposes of marketing or promotion.

*Privacy Act and Policy

All participants of TEEX courses, technical assistance, and exercises are advised that disclosure of a full Social Security Number (SSN) is optional unless required for reporting purposes by the participant's occupation's certifying organization or a grant/contract sponsor. The SSN is used to maintain accurate participant training records and to reliably report such data to supervisors or other agencies. A participant SSN will not be disclosed to any other person(s) without the participant's prior written consent.

Section 559.003 of the *Texas Government Code* requires that all participants be informed that, with few exceptions, participants are entitled on request, to receive, review and correct any information collected by the use of this form. It is the policy of TEEX that all federal statutes will be followed pertaining to employment and recruitment of students without regard to race, sex, color, religion, national origin, age, or disability.

Acknowledgement

I acknowledge and represent that I have read the foregoing, understand it and sign it voluntarily as my free act and deed; no representations or statements have been made to me to induce me to execute this document. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future.

Release of Academic Record

I authorize the release of my academic records, including test scores, by TEEX to my sponsoring company or department for the purpose of verification of my attendance and completion of training provided by TEEX. Be advised, your certificate may be sent to your sponsoring company/department regardless of your response. **Select your response.**

YES **NO** **(If No, also complete the Student Release of Information Permission form)**
 NOT APPLICABLE (Not enrolling as part of a company or department)

Signature: _____

Date Signed: _____

Transfer and Cancellation Policy

If you cannot attend a class, you **MUST** contact the program representative of the course you registered for in advance to either transfer or cancel your registration. Please refer to the Transfer, Cancellation, Refund and No-Show Policies below.

Transfers:

Transfers to another scheduled class (or from one customer to another) are accepted at any time before the start of the class at no charge. Customers are encouraged to transfer to a future scheduled class of the same course.

- If the customer cannot transfer to a scheduled class of the same course, then he/she may transfer to another class of a different course and receive either a refund or pay the difference between the two class fees (if applicable).
- If the customer cannot attend any scheduled class, then the Cancellation/Refund Policy is in effect.

Cancellations/Refunds:

- With the exception of the TEEX Fire Recruit Academy (face-to-face classes), TEEX will provide a full refund if you cancel 15 or more calendar days before the start of the class. The TEEX Fire Recruit Academy (face-to-face classes) will retain the publicized cancellation fee regardless of when you cancel.
- Cancellations received 14 calendar days or less before the start of the class will be charged a fee of 10% of the class tuition.
- Once a transfer has been made, any cancellation after the transfer will be treated as less than 15 days.
- If TEEX cancels a class, customers will be offered:
 1. a transfer to a scheduled class of the same course.
 2. a transfer to another class of a different course (customers will receive either a refund or pay the difference between the two class fees, if applicable).
 3. a full refund.

No Shows: Registered participants who do not contact the program representative of the course registered for in advance to cancel their registration and do not attend their scheduled class will be charged the entire class fee.

eLearning/Correspondence Courses: Refunds are not available for eLearning or correspondence courses, nor may the course be transferred from one customer to another.

Blended courses: The eLearning and Face-to-Face portions will be treated as separate components. The respective refund policies are in effect.

Veterans: Cancellations or refunds for veterans must also follow the current Veterans Administration requirements. Contact the TEEX Veterans Liaison for assistance.