

**Lycoming County Fire Police Association**

20 June Street – Linden, PA 17744



**Email:**

lycomingcountyfirepolice@gmail.com

**Phone:**

(570) 916-2371

## Training Request & Authorization Form

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Do you have a FEMA SID?** ☐ Yes (if YES, then list the #) \_\_\_\_\_ ☐ No

**Department / Organization Name** \_\_\_\_\_

**Course Requested:** \_\_\_\_\_

**Course Dates:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### AUTHORIZATION

By signing below, I, as the Chief/Training Officer, certify that the above-named student is an active member or employee of this organization and is authorized to attend and participate in the requested training. I further confirm that the student meets the age and prerequisite requirements for the course.

Additionally, I affirm that the student is covered by Workers' Compensation insurance or comparable coverage provided by \_\_\_\_\_ in the event of injury during training. The sponsoring organization agrees to indemnify, defend, and hold harmless the Lycoming County Fire Police Association from any and all claims, damages, losses, or expenses.

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Dept./Organization:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### FORM SUBMISSION

To submit: Scan and email this completed form to: lycomingcountyfirepolice@gmail.com - OR take a photo with your phone and send it to this email address.

If the form is not received before the start date of the class, then ensure that the student has this form with them on the start date of the class.