



TFACA

TENNESSEE FIRE SERVICE AND CODES ENFORCEMENT ACADEMY

**2161 UNIONVILLE/DEASON ROAD
BELL BUCKLE, TN 37020
Phone (931) 294-4111 1.800.747.8868
fax (931) 294-4121**

FOR OFFICIAL USE ONLY

REGISTRATION

PLEASE PRINT LEGIBLY. ENTIRE FORM MUST BE COMPLETED UNLESS INSTRUCTED OTHERWISE. MAKE CHECKS PAYABLE TO DEPARTMENT OF COMMERCE AND INSURANCE/TFACA. MAIL ALL REGISTRATION FORMS AND APPROPRIATE FEES TO THE ADDRESS LOCATED ABOVE.

SECTION 1 - GENERAL INFORMATION

Please print your name FIRST, MI, LAST		RANK or TITLE	SOCIAL SECURITY NO. ____ - ____ - _____
Home Address (St., Ave., Road No./City or Town/State/Zip Code)		Home Phone # ()	Work Phone # ()
In Case Of Emergency Contact:		Phone # ()	
Agency, Organization or Business That You Represent, Address, ZIP Code		Fire Dept ID: (if applicable)	Phone # ()
Please check: Municipal Fire Department: ____ Career ____ Vol. ____ Combination County/Other Fire Department: ____ Career ____ Vol. ____ Combination Municipal Codes Department: ____ County Codes Department: ____ Private Industry: ____ State Govnt.: ____ Federal Govnt.: ____ Other ____		Number of Years Service _____	
Circle the number that reflects the highest level of your formal education: High School 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4 5	Check Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth (mm/dd/yyyy)	Any physical impairments? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please note accommodations requested in comments section below.

SECTION II - COURSE REGISTRATION (All courses require a minimum number of students)

Course Number	Course Title	Course Date(s)	Course Fee
Have you attended TFACA or TN Fire School classes previously? Yes ____ No ____	Approximate date of last course taken?	Are you an American citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	If not American citizen, where were you born? _____

TN Code Inspector Certification # I If applicable): Fire <u>NA</u> Building <u>NA</u>	Tennessee Resident: Yes <input type="checkbox"/> No <input type="checkbox"/>
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Comments: _____

YOU DO NOT HAVE TO FILL THIS PORTION OUT

I certify that the information recorded on this application is correct. I agree to abide by the rules, policies, and regulations of the Tennessee Fire Service and Codes Enforcement Academy. If I am admitted as a student, falsification of information may result in denial of course attendance or a course certificate. I hereby authorize the release of any and all information concerning my enrollment in this course to my sponsoring agency. Further, I understand that the State of Tennessee/TFACA does not provide insurance for students and does not accept responsibility for injuries incurred at the Academy.

APPLICANT SIGNATURE DATE

ACCOMMODATIONS

DORMITORY AND MEAL INFORMATION

ONLY FOR CLASSES OUTSIDE OF DEPT

INDIVIDUAL STUDENT ACCOMMODATIONS

Course: _____ Start Date: _____

Name: _____

Dormitory Accommodations needed (____ Yes ____ No)

Arrival Date: _____ (Students check in 4:00-9:00 p.m.)

Departure Date: _____ (Check-out time is 8:00 a.m.)

Total Length of Stay: _____ days / _____ nights (i.e., 5 days / 4 nights)

GROUP ACCOMMODATIONS

Name of Group / Fire Department / Organization:

Contact Name: _____ Contact Phone: () _____

How many in Group / Fire Department / Organization: _____

Number of rooms required: _____

Number of Male Occupants: _____ Female: _____

No. of Handicapped Accessible rooms required: _____

Total length of stay: _____ days / _____ nights (i.e., 5 days/4nights)

If you have any questions regarding accommodations, please contact Kerry Kimmel,
Hospitality Manager @ 931-294-4305.
