

TLTI Emergency Services Training Centre 312 Lyndhurst Road, Lyndhurst, ON K0E 1N0

		Application Form	
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S	urname	First Name	Middle Initial
Student Email Address			Date(s)
C	ourse Name and Number - requ	ired for all Ontario Fire Coll	ege Programs
ire (Chief or Designate Information	ı:	
Fi	re Department		Telephone Number
Name of Fire Chief/ Designate			Email Address
By s	igning below, you agree to t	he following:	
1.	If the prerequisite course was re Grandfathering but rather throu a copy of the certificate with II application.	igh in-house training or throi	igh another agency or location,
2.			
3. The student-learner will abide by TLTI Emergency Services Training Centre policies, such			
4.	 as the Workplace Harassment and Discrimination Policy. 4. For student-learners attending training courses that require breathing apparatus the Fire Chief or designate attests that the applicant has been fit tested within the last year as per th CSA Standard Z94. All student-learners attending courses requiring SCBA are required to bring their own SCBA and 2 cylinders. 		
igna	nture of Fire Chief / Designate		Date

Completed Application Forms can be submitted by email to: fireadmin@townshipleeds.on.ca