

**OSWEGO COUNTY FIRE TRAINING REGISTRATION FORM**  
*(TO BE COMPLETED BY CHIEF OR TRAINING OFFICER)*

RETURN VIA FAX TO [349-8810](tel:349-8810) OR BY MAIL TO:  
Kim Rossiter, 720 East Seneca St., Oswego, NY 13126

**NO TELEPHONE REGISTRATIONS WILL BE ACCEPTED**

COURSE NAME: \_\_\_\_\_

START DATE OF COURSE: \_\_\_\_\_

COURSE LOCATION: \_\_\_\_\_

NAME OF REQUESTING FIRE DEPARTMENT: \_\_\_\_\_

PLEASE LIST APPLICANTS: (List by Priority 1-4) (Attendance may be limited to 2 per department, especially Firefighter 1 courses).

NAME	EMAIL	TELEPHONE
1. _____		
2. _____		
3. _____		
4. _____		

*NOTIFICATIONS WILL BE MADE VIA EMAIL OR TELEPHONE.*

CHIEF'S SIGNATURE: \_\_\_\_\_

CONTACT INFO (Telephone / Email): \_\_\_\_\_

TRAINING OFFICER SIGNATURE: \_\_\_\_\_

CONTACT INFO (Telephone / Email): \_\_\_\_\_

DATE: \_\_\_\_\_