



CAL FIRE / SLO COUNTY FIRE DEPARTMENT TRAINING ANNOUNCEMENT

Class Title: BASIC EMERGENCY VEHICLE OPERATIONS

Date: OCTOBER 22, 23, 24, 2017

Time: 0900 to 1700

Description: **Must be Agency / Department sponsored.** This course is designed to provide students with the basic knowledge and skills necessary to safely drive a fire engine. Students **MUST** bring a valid DGS Defensive Driver Training certificate to the first day of class (completed within the last 4 years). To obtain this certificate, the student must complete the DGS on-line course and print the certificate. This information can be found at: <http://www.dgs.ca.gov/orim/Programs/DDTOnlineTraining.aspx>

Note: The previous "Student Self-Paced Defensive Driving Text" is outdated and no longer valid. Student must bring a valid California Driver's License with Commercial Driver's Permit (air brake endorsement and tank endorsement)

Certificate: State Fire Marshal **FSTEP** certificate

Prerequisite: Students **MUST** bring either/or to class:
a) Class C License with Firefighter endorsement (Non-CAL FIRE / County)
b) Commercial class A or B license (CAL FIRE / County)
c) Commercial class A or B permit (CAL FIRE)

Instructor: FC Mike Roe, FC Alvin Taylor and Cadre

Coordinator: Training FC April Mangels

Location: Sunday – Airport Station 21, Training Room, 4671 Broad St, SLO, 93401 *map Stn #21*

Fee: **\$180⁰⁰** Cashier's Check payable to SLO County Fire. Mail to CAL FIRE, Training - Must be submitted with Registration. Course enrollment and Fee Exemption for Permanent and LT CAL FIRE SLU Personnel, PCF and Reserves with Station Captain signature / approval on registration. Registration is on first-come, first serve basis

What to wear: Duty uniform

What to bring: #2 pencil and notebook

Questions: Capt. Mangels cell: 805.903.3438, email: April.Mangels@fire.ca.gov; Registration questions email SLU.training@fire.ca.gov or Mary.Meraz@fire.ca.gov

Registration due by: **Friday, October 13, 2017**

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Last Name, First:	
<input type="checkbox"/> SLU CALFIRE: STN #: check one: <input type="checkbox"/> PCF <input type="checkbox"/> FFI <input type="checkbox"/> FFII <input type="checkbox"/> FAE <input type="checkbox"/> FC <input type="checkbox"/> Res. <input type="checkbox"/> LG <input type="checkbox"/> Oth. CALFIRE Unit:	
Other Agency working for:	Other Title:
Mailing Address:	
City, State:	Zip:
Work Phone #:	Cell #:
*E-mail (legibly, please):	
*Emergency Contact Name:	*Contact #:

Release and Hold Harmless Agreement: I am not aware of any physical disability or health related reasons which would preclude me from participating in training activities with San Luis Obispo County Fire Department. I understand that participation in this program can include activities which may expose me to certain risks of injury. In consideration of this consent to participate in these programs and activities, I hereby agree, on behalf of myself and my assigns and heirs, to release, defend and hold harmless, the County of San Luis Obispo, the Fire Department and their employees, agents and/or representatives ("Releasees") from any and all direct, indirect, special or consequential actions, claims, damages, costs, and liability, legal or otherwise, arising or resulting from my participation. Including without limitation, damage to or destruction of any property or injury or death to any person. This release shall be binding upon my heirs, administrators, executors, and assigns. In signing this release, I acknowledge and represent that I have read the foregoing Release/Agreement, fully understand it and its content and sign it voluntarily and that no oral representations, statements or inducements, apart from the foregoing written agreement, have been made. I am aware that this is a release of liability and a contract between myself and the releasees and sign it of my own free will. I am fully competent and I execute the Release Agreement for full, adequate and completed consideration fully intending to be bound by the same.

*Signature of Participant

*Print Name of Participant

*Date

Station Captain authorizing registration / Fee Exemption Approval: (All Agencies)

Last Name, First Name: (print) _____

*Signature: _____ Date: _____

Non-Negotiable ♦ Cancellations require 10-day notice ♦ Less than 10-days or no-shows will forfeit all fees
It is the student's responsibility to confirm enrollment ♦ Registration is on first-come-first served basis

PLEASE NOTE - NO EXCEPTIONS -

Registration packet will Not be accepted if:

1. Registration is not completely & accurately filled out, or, if not Authorized, if applicable.
2. Cashier's check or Money order for correct amount is not included
3. All Pre-requisites copies are not included, if applicable

Please mail #1 authorized/**complete registration** and #2 **Cashier's Check** to **SBTC**: CAL FIRE, Training Dept.
Attn: Registration / EVOC
880 Manzanita Drive
Los Osos, CA 93402

*Required