



CAL FIRE / SLO COUNTY FIRE DEPARTMENT TRAINING ANNOUNCEMENT

- Class Title:** VEHICLE EXTRICATION
- Dates:** May 19, 20 and 21, 2017
- Times:** 0900 to 1700 each day
- Description:** Provides hands-on experience in the procedures and systems utilized during an automobile extrication. Subjects covered include: Auto extrication, types of hand and power tools, removing windows, opening doors, removing roofs, pulling steering wheels, moving foot pedals, raising dashboards, pulling seats, stabilization of vehicles, and simulated rescues of trapped victims
- Certificate:** State Fire Marshal FSTEP certificate
- Instructor:** Fire Captain Alvin Taylor
- Coordinator:** Training Captain Louis Ermigarat
- Location(s):** **Day 1 – South Bay Training Center:** 880 Manzanita Dr., Los Osos, CA 93402 ~ *SBTC map*
Day 2 & 3 – Timo’s Auto Wrecking: 880 Sheridan, Arroyo Grande, CA 93444 ~ *TAW map*
- Fee:** \$160.⁰⁰ **Cashier’s Check** or Money Order **Only, payable to SLO County Fire.** Attach to registration and mail to South Bay Training Center (SBTC), **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** - Includes SFM FSTEP certificate and student materials. Registration is on first-come-first served basis
- Requirement:** All Students Must Be **On-Duty** during instructional hours of Training and all applications require Station Captain signature approving registration
- What to wear:** Department uniform required
- What to bring:** Notebook and #2 pencil. Complete structural PPE, hearing protection and goggles meeting ANSI / OSHA eye protection standards
- Questions:** Training Captain Ermigarat 805.903.3439, Registration issues email training: Mary.Meraz@fire.ca.gov

Registration due by May 15, 2016

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Last Name, First: _____

SLU CALFIRE : STN #: _____ Check 1: PCF FFI FFII FAE FC Res. 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: _____

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 Incomplete, if:

1. Registration is not completely & accurately filled out & Authorized.
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 / AEX
880 Manzanita Drive
Los Osos, CA 93402

*Required

OFFICE USE ONLY:

<RCVD I/C>

<CRT PMT BC INF OTH >

: DT CMPLT CK@ EXMPT 1 ROST 2 DIST 3 +ISS.CRT 4 OTH 5 Cx 6 E-