

## Louisiana Fire & Emergency Training Academy COURSE REGISTRATION FORM

Please complete one form for each student for each class and forward it, along with a check, money order, credit/debit card contact information, or purchase order (hard copy) with a valid billing address to LFETA. Individuals will be notified via e-mail upon review of their application. Charges are non-refundable unless cancellation is confirmed in writing at least two weeks prior to the starting date of the class. Individuals not sponsored by a fire department must pay all charges in advance. Charges are refundable in full if LFETA cancels the class.

Course Title		Date Offere
First Name	Middle Name	Last Name
Fire Dept/ Company/ Inc	lividual	Chief/ Training Officer (If Applicab
Fire Department/ Compo	ıny/ Individual Mail	ing Address or Home Address
City	State	Zip
Telephone Number (W)	(H)	(FAX)
Student Email Address		Chief/Training Officer Email Address
( 2 2 ) 2 )	(Payable to OSFM)  physical copy of the PO the registration form.	Requesting Disability Info  Yes Note *Email must be provided above  Veterans Affairs Student Yes Note *VA students must submit transcripts of all prior training and/or education received
Fi For Customer Security. Required I	Please return re and Emergency To 6868 Nichol Baton Rouge, I Telephone: (225) FAX: (225) 76 EMAIL: fetare	raining Academy son Dr JA 70820 372-6944 55-5050 g@la.gov
Name on Card	Credit (	Card Number Expiration Date
Billing Address		3 Digit Code On Back of C