



WV State Fire Commission
Office of the West Virginia State Fire Marshal
**MODULE TRAINING ENROLLMENT FORM-
INDIVIDUAL**

Pursuant to §29-3-5d of the Code of West Virginia, 1931, as amended, relating to the authorizing the State Fire Commission to establish and administrate a pilot project program to address problems facing volunteer fire departments; and requiring annual reports.

<p>ENROLLMENT INFORMATION (Please print clearly or type)</p> <p>Driver's License No. (or State ID No.): _____</p> <p>State of Issue: _____</p> <p>Date of Birth: _____</p> <p>Sex: _____ Male _____ Female</p> <p>First Name: _____ MI: _____</p> <p>Last Name: _____</p> <p>Mailing Address: _____</p> <p>City, State, Zip: _____</p> <p>Home / Evening Phone: (_____) _____ - _____</p> <p>Work / Day Phone: (_____) _____ - _____</p> <p>Email Address: _____</p> <p>Fire Department: _____</p> <p>Department Address: _____</p> <p>Department City, State, Zip: _____</p> <p>Department Chief: _____</p> <p>Department Telephone #: (_____) _____ - _____</p> <p>Department Email Address: _____</p> <p>In case of emergency, notify: _____</p> <p>Telephone #: _____</p>	<p>Instructions involving Modular Training enrollment are listed on the website of the WV State Fire Marshal (www.FireMarshal.WV.gov). Read all information carefully. Complete all information and return to:</p> <p style="text-align: center;">WV State Fire Marshal Modular Training 1207 Quarrier Street, Suite 200 Charleston, WV 25301 Fax (304) 558-2537</p> <p>NOTE: Important information on page 2. Department Chief and Student, please read and sign acknowledgement form on reverse.</p> <p>Do you require any special accommodations during your attendance in this training course: YES NO</p> <p>If yes, please specify: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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FOR OFFICE USE ONLY

Date Received: _____ Date Application Processed: _____ By: _____

Department Good Standing Verification: _____ YES _____ NO

Date Forwarded to Training Provider: _____