

Tri-County Training Association

2025 Firefighter I / II Academy

Tri-County Training Association is pleased to announce its 2025 Firefighter I/II Academy, using the Jones & Bartlett, Fundamentals of Firefighter Skills 4th Edition curriculum.

This program meets and exceeds the requirements of NFPA 1001; The 4th Edition covers the entire spectrum of the 2019 Edition of NFPA 1001: Standard for Fire Fighter Professional Qualifications, as well as the requirements for Operations level responders in the 2018 Edition of NFPA 472: Standard for Competence of Responders to Hazardous Materials/Weapons of Mass Destruction Incidents. From fire suppression to hazardous materials. The academy prepares the student for National Certification through Maine Fire Service Institute, which will be offered at the completion of the Tri-County FF I/II program.

The FF I/II program consists of both classroom time, and practical evolutions, which add up to well over 220+ hours. Students interested in this program must be willing to commit a great amount of their time to successfully complete the academy. This is a college level course; up to 6 college credits can be obtained from Southern Maine Community College. Students should expect college level reading assignments, homework assignments, quizzes, and tests.

Application Deadline: Friday December 20th, 2024 @ 6 pm / No Exceptions

Only completed applications will be accepted, completed applications shall include signatures for the medical information section, and Fire Chief authorization. If there are any Questions about the Application, please call the Program Director.

Acceptance Emails: Acceptance for this program will be emailed out to all approved applications by Friday December 27th, 2024.

Tuition: \$1500.00 which includes textbook, student's manuals, and required Tee Shirt.

Student Orientation Date: Monday January 13th, 2025 @ 6:00pm. Location: Topsham Public Safety Building.

Class Schedule: Classes will begin on Wednesday 15th, 2025. All TCTA scheduled classes will be on Mondays and Wednesdays evening from 6p-9p, and several Saturdays from 8a-4p, concluding on or about June 7-8th 2025. A preliminary course schedule will be made available as you submit your application, so you can plan accordingly for the 6-month course. A hard set-in stone copy will also be handed out during the Student Orientation Night.

Minimum Number of Students: 20

Maximum Number of Students: 35

For additional information please contact J.P. Adams, Program Director, at Jplfd18@Yahoo.com or 207-577-3613

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Completed Applications and a form of payment should be returned to:

**JP Adams
168 Summer St.
Lisbon Falls, ME
04252**

**If Paying by Check or Money Order
Please make it out to
Tri-County Training LLC.**

PROFILE APPLICATION FOR FIREFIGHTER 1 & 2 ACADEMY

DATE OF APPLICATION:

DATE RECEIVED: _____ RECEIVED BY: _____

DATE PROCESSED: _____ PROCESSED BY: _____

A. APPLICANT IDENTIFICATION: *PLEASE PRINT LEGIBLE*****

NAME:

(LAST) (MIDDLE) (FIRST)

STREET ADDRESS:

CITY: _____ STATE: _____ ZIP CODE: _____

MAILING ADDRESS (IF DIFFERENT):

Tri-County Training Association

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CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE NUMBERS: _____ / _____
(HOME) (CELLPHONE)

E-MAIL ADDRESS:

NICKNAME(S) / KNOWN BY: _____ **MAIDEN NAME:** _____

DATE OF BIRTH: _____ / _____ / _____
(MONTH) (DAY) (YEAR)

DRIVERS LICENSE #: _____ **STATE:** _____ **EXP. DATE:** _____

EMERGENCY CONTACT PERSON & NUMBER

Name: _____ **Relation:** _____

TELEPHONE: _____ / _____
(HOME) (CELLPHONE)

SPONSORING DEPARTMENT

YEARS IN THE FIRE SERVICE _____

Shirt Size (Tee Shirt) S M L XL XXL, XXXL

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MEDICAL INFORMATION

Have you completed any of the following? (Attach current documentation)

SCBA FIT TEST AND MEDICAL WAIVER ARE BOTH MANDATORY FOR THIS COURSE

SCBA MASK FIT TEST **DATE:** _____

MEDICAL WAIVER (Routine physical for your department) **DATE:** _____

Comments:

FIRE CHIEF AUTHORIZATION

I hereby consent for the above named to participate in the above course and verify that he/she is covered by our department (or company) insurance, **is not receiving worker's compensation at this time, and his/her physical fitness level is appropriate for the course requested.** I also am confident that the above named has the aptitude and cognitive learning skills to comprehend college level education.

Name of Applicant: _____
(Please print)

Signature of Fire Chief: _____ Date: _____

APPLICANT DECLARATION

I hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.

Name of Applicant: _____ Date: _____
(Please print)

Signature of Applicant: _____ Date: _____