

Tri-County Training Association

2026 Firefighter I / II Academy

Tri-County Training Association is pleased to announce its 2026 Firefighter I/II Academy, using the Jones & Bartlett Fundamentals of Firefighter Skills 5th Edition curriculum.

This program meets and exceeds the requirements of NFPA 1001; The 5th Edition covers the entire spectrum of the 2024 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 students for National Certification through the Maine Fire Service Institute, which will be offered upon completion of the Tri-County FF I/II program.

The FF I/II program consists of both classroom time and practical exercises, which total over 230 hours. Students interested in this program must be willing to commit a significant amount of their time to complete the academy successfully. This is a college-level course, for which Southern Maine Community College may award up to 6 college credits. Students can expect college-level reading assignments, homework, quizzes, and tests.

Application Deadline: Friday December **19th**, 2025 @ 6 pm / No Exceptions
Only completed applications will be accepted. Completed applications must include signatures for the medical information section and the Fire Chief's authorization. If there are any Questions about the Application, please call the Program Director.

Acceptance Emails: Acceptance for this program will be emailed to all approved applicants by Friday, December 26, 2025.

Tuition: \$ 1,500.00, which includes textbooks, student manuals, and a required T-shirt.

Student Orientation Date: Monday, January 12, 2026, at 6:00 p.m. Location: Topsham Public Safety Building.

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Class Schedule: Classes will begin on Wednesday, January 14th, 2026. All TCTA scheduled classes will be held on Mondays and Wednesday's evenings from 6 p.m. to 9 p.m., and several Saturdays from 8 a.m. to 4 p.m., concluding on or about June 6-7, 2026. A preliminary course schedule will be made available as you submit your application, allowing you to 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

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: _____

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DATE PROCESSED: _____ PROCESSED BY: _____

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

NAME:

(LAST) (MIDDLE) (FIRST)

STREET ADDRESS:

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

MAILING ADDRESS (IF DIFFERENT):

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

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

E-MAIL ADDRESS:

Nickname(s): *Maiden Name:*

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

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

EMERGENCY CONTACT PERSON & NUMBER

Name: _____ **Relation:** _____

TELEPHONE: _____
(Home) _____ (Cellphone) _____

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SPONSORING DEPARTMENT

Need a Sponsor? Contact us!

YEARS IN THE FIRE SERVICE _____

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

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.

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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: _____