

To register, complete the following registration form,
and return it with your fee to:

Indiana County Fire Academy
85 Haven Dr
Indiana PA 15701

INDIANA CO FIRE ACADEMY _____

LAST NAME _____ FIRST NAME _____ M.I. _____ DOB _____

SOCIAL SECURITY # _____ RACE _____ SEX _____ PHONE # (____) _____

HOME ADDRESS: _____

_____ COUNTY _____

ORGANIZATION NAME: _____ PHONE# (____) _____

SUPERVISOR SIGNATURE & TITLE: _____

APPLICANTS SIGNATURE: _____

PROGRAM SELECTION COURSE CODE(S): _____