



Washington State Patrol

STATE FIRE MARSHAL'S OFFICE

Serving Washington Since 1901



Fire Training Academy

Phone Number: (425) 453-3000 • E-Mail: FTARegister@wsp.wa.gov • Fax: (425) 888-3060

Marine Firefighting Course Registration

COURSE INFORMATION

Please check **ONE** of the following courses:

Course Start Date _____

- Basic Marine Advanced Marine Advanced Refresher
 Advanced Revalidation Industrial Fire Brigades

Please check **ONLY IF** the following applies to you: I am currently a Qualified Marine Student (please refer to our [web site](#) to verify you have completed the required steps to become a Qualified Marine Student).

FTA STAFF MEMBER USE ONLY

- | | | | |
|--|---------------------|----------------------|---|
| <input type="checkbox"/> Registration Received | Date Received _____ | Staff Initials _____ | |
| <input type="checkbox"/> Medical Questionnaire Received | Date Received _____ | Staff Initials _____ | Passed <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Qualitative Fit Test Received | Date Received _____ | Staff Initials _____ | Passed <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Registration Confirmation E-Mail Sent | Date Sent _____ | Staff Initials _____ | |

HOUSING INFORMATION

Housing Requested: NO YES (if YES, please complete the dates below)

Check-In Date _____ Check-Out Date _____

STUDENT INFORMATION

First Name _____ MI _____ Last Name _____

Gender: F M Company/Agency Name _____

Last Four SSN _____ (REQUIRED) Date of Birth _____ (MM/DD/YYYY) Title/Rank _____ (IF APPLICABLE)

Mailing Address _____
City _____ State _____ ZIP _____

Phone (____) _____ E-Mail _____

Supervisor/Agency Contact _____ Title/Rank _____

Phone (____) _____ E-Mail _____

BILLING INFORMATION

Self-Pay **Please note, payment cannot be accepted prior to the first day of the course.**

Paying for: Course Housing
Payment Method: Credit/Debit Money Order Check (make payable to Washington State Patrol)

Company/Agency Payment **Companies and agencies will be invoiced for payment after training is completed.**

Paying for: Course Housing

Company/Agency Name _____

Billing Address _____

City _____ State _____ ZIP _____

Phone (____) _____ PO # _____ E-Mail _____
(IF APPLICABLE)

Authorizing Signature _____

Printed Name of Authorizing Signature _____ Date _____

Please return completed registration via e-mail to FTARegister@wsp.wa.gov