



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

Housing Only Registration

COURSE INFORMATION

Name of Training Attending _____
 Name of Department or Agency Holding Training _____
 Start Date of Training _____

HOUSING INFORMATION

Total Nights Staying in Dorms _____ Title/Rank _____
 Check-In Date _____ Check-Out Date _____
 Please note check-out is no later than 1 p.m. on the date of check-out listed above

STUDENT INFORMATION

First Name _____ Last Name _____
 Agency Name/Fire Department (or Not Applicable) _____
 Last Four SSN _____ Date of Birth _____ Title/Rank _____
(REQUIRED) MM/DD/YYYY (IF APPLICABLE)
 Mailing Address _____
 City _____ State _____ ZIP _____
 Phone (____) _____ E-Mail _____
 Gender: Female Male Firefighter Status: Career Volunteer N/A
 Supervisor/Agency Contact _____ Title/Rank _____
 Phone (____) _____ E-Mail _____

BILLING INFORMATION

Self-Pay Please note, payment cannot be accepted prior to your check-in date.
 Payment Method: Credit/Debit Money Order Check (make payable to Washington State Patrol)

Department/Agency Payment Departments will be invoiced for payment after training is completed.
 Department/Agency Name _____
 Billing Address _____
 City _____ State _____ ZIP _____
 Phone (____) _____ PO # _____ E-Mail _____
(IF APPLICABLE)
 Authorizing Signature _____
 Printed Name of Authorizing Signature _____ Date _____

RDDP, FTA Exp., or WSP Employee
 WSP Authorizing Signature _____ WSP Personnel No. _____
 Printed Name of Authorizing Signature _____ Date _____

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