

Cattaraugus County Training Authorization and Book Loan Form

This form is to acknowledge that	is a member in
	D Member's Name – Printed)
good standing of	_ Fire Department and has the department's
permission to participate in the following training	j:
Class Start Date:	(Training Course Name)
This form can only be Fire Chief:	e signed by the Fire Chief.
Printed Name:	NYS FD ID # <u>05</u>
Signature:	Date:
Student:	
Signature:	Date:
* * * * * * * COMPLETE BELOW ONLY IF BO	RROWING A BOOK <mark>FOR FF1 OR BEFO</mark> * * * * * * * *
(FD Member's Name – Printed) <u>BEFO class</u> that I am committed to attend. I un County Office of Emergency Services and is bei	, agree to borrow a textbook for the Firefighter 1 or inderstand that this book is property of Cattaraugus ing loaned to me in good faith. I agree to maintain the ke any marks in the book or allow damage to occur
Class Start Date: thre	ough Last Class Date:
from the class - which ever happens first. I und	e last scheduled day of class, or upon my departure erstand that if the book is damaged or not turned in IT (listed above) will be billed by CCOES the full price
Signed in Agreement Student:	Fire Chief: