



Basic Firefighter Training (BFT) Training Authorization to Invoice and Affiliation Certification

Date _____

Mail Invoice _____ Email Invoice _____

Agency Name _____

Address _____
City/State/Zip _____

Phone _____ Fax _____

Class Title _____ Class Date _____

**The person(s) listed below are affiliated with (agency name) _____
and are in good standing with this agency. We agree to pay 100 % of the following:**

- Tuition/Registration
- Fees
- Books
- Supplies/Uniforms

1.	5.
2.	6.
3.	7.
4.	8.

Printed Name/Title of Agency Representative _____

I understand that I am responsible for all charges of the student(s) listed above for the semester/class indicated. I also understand that, should the student fail to complete the courses approved above, I am still responsible for all charges.

Authorizing Signature _____ Date _____

MITCHELL COMMUNITY COLLEGE USE ONLY

CIS# _____

GL/Budget Code _____

Continuing Education Center

701 West Front Street
Statesville, NC 28677
(704) 878-3320 phone
(704) 878-4271 fax

Mooreville Campus

219 North Academy Street
Mooreville, NC 28115
(704) 663-1923 phone
(704) 663-5239 fax