



Basic Firefighter Training

Checklist

Name (Please Print)

Class Applying To:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Fall Day | <input type="checkbox"/> Fall Night |
| <input type="checkbox"/> Spring Day | <input type="checkbox"/> Spring Night |
| <input type="checkbox"/> Affiliation: _____ | |

Forms Required:

- MCC Registration Form (*payment received: _____*)
- Fit-For-Duty Form
- Physician Overview Form (*Information for physician only*)
- Authorization to Invoice and Affiliation Certification
- Copy of NC Driver's License
- Copy of High School/GED/HSE Diploma
- Waiver of Liability Form
- Hold Harmless Agreement Form (*if applicable*)
- Rules & Regulations (turn in signed last page)

(Submit this page along with required documents)