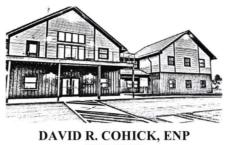
## Tioga County Emergency Services

ERICK J. COOLIDGE COMMISSIONER

MARK L. HAMILTON **COMMISIONER** 

> ROGER C. BUNN COMMISSIONER

JANICE CHAMBERLAIN **CHIEF CLERK** 



**DIRECTOR** 

**DOUGLAS WICKS EMA COORDINATOR** 

LISA RICE 911 COORDINATOR

**GRANT McCAULEY** EMA PLANNER

MARTI SHABLOSKI ADMINISTRATIVE ASSISTANT

## **Tioga County Fire/EMS Training Authorization Form**

Name:	Dept.:
Email:	Phone #:
Course Requested:	
Course Dates:	
to attend the requested training and I acknow	s Chief/Training Officer, authorize the student vledge that the student is a member of this udent meets the required prerequisites for the
in the event of injury during the training. Th	or insurance coverage through the Department ne sponsoring organization agrees to indemnify, m and against all claims, damages losses and
Name:	Date:
Title:	Dept./Organization:
Signature:	

Please either fax this completed form back to us at 570-724-6819. OR scan it and email it to: dwicks@tiogacountypa.us. OR take a photo with your phone and send it to this email address.