

Tioga County Emergency Services

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COMMISSIONER

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COMMISSIONER

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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: _____

Authorization: By my signature below, I as Chief/Training Officer, authorize the student to attend the requested training and I acknowledge that the student is a member of this organization. I also acknowledge that the student meets the required prerequisites for the course.

The student has Workman's Compensation/or insurance coverage through the Department in the event of injury during the training. The sponsoring organization agrees to indemnify, defend and hold harmless Tioga County from and against all claims, damages losses and expenses.

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.