



TFACA

TENNESSEE FIRE SERVICE AND CODES ENFORCEMENT ACADEMY

**2161 UNIONVILLE/DEASON ROAD
 BELL BUCKLE, TN 37020
 Phone (931) 294-4111 1.800.747.8868
 fax (931) 294-4121**

FOR OFFICIAL USE ONLY

REGISTRATION

PLEASE PRINT LEGIBLY. ENTIRE FORM MUST BE COMPLETED UNLESS INSTRUCTED OTHERWISE. MAKE CHECKS PAYABLE TO DEPARTMENT OF COMMERCE AND INSURANCE/TFACA. MAIL ALL REGISTRATION FORMS AND APPROPRIATE FEES TO THE ADDRESS LOCATED ABOVE.

SECTION 1 - GENERAL INFORMATION			
Please print your name FIRST, MI, LAST		RANK or TITLE	SOCIAL SECURITY NO. ____ - ____ - _____
Home Address (St., Ave., Road No./City or Town/State/Zip Code)		Home Phone # ()	Work Phone # ()
In Case Of Emergency Contact:		Phone # ()	
Agency, Organization or Business That You Represent, Address, ZIP Code		Fire Dept ID: (if applicable)	Phone # ()
Please check: Municipal Fire Department: ___ Career ___ Vol. ___ Combination County/Other Fire Department: ___ Career ___ Vol. ___ Combination Municipal Codes Department: ___ County Codes Department: ___ Private Industry: ___ State Govnt.: ___ Federal Govnt.: ___ Other ___		Number of Years Service _____	
Circle the number that reflects the highest level of your formal education: High School 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4 5	Check Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth (mm/dd/yyyy)	Any physical impairments? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please note accommodations requested in comments section below.
SECTION II - COURSE REGISTRATION (All courses require a minimum number of students)			
Course Number	Course Title	Course Date(s)	Course Fee
Have you attended TFACA or TN Fire School classes previously? Yes ___ No ___	Approximate date of last course taken?	Are you an American citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	If not American citizen, where were you born? _____
TN Code Inspector Certification # I If applicable): Fire _____ Building _____		Tennessee Resident: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Comments: _____ _____ _____			

I certify that the information recorded on this application is correct. I agree to abide by the rules, policies, and regulations of the Tennessee Fire Service and Codes Enforcement Academy. If I am admitted as a student, falsification of information may result in denial of course attendance or a course certificate. I hereby authorize the release of any and all information concerning my enrollment in this course to my sponsoring agency. Further, I understand that the State of Tennessee/TFACA does not provide insurance for students and does not accept responsibility for injuries incurred at the Academy.

 APPLICANT SIGNATURE

 DATE

ACCOMMODATIONS

DORMITORY AND MEAL INFORMATION

INDIVIDUAL STUDENT ACCOMMODATIONS

Course: _____ Start Date: _____

Name: _____

Dormitory Accommodations needed (____ Yes ____ No)

Arrival Date: _____ (Students check in 4:00-9:00 p.m.)

Departure Date: _____ (Check-out time is 8:00 a.m.)

Total Length of Stay: _____ days / _____ nights (i.e., 5 days / 4 nights)

GROUP ACCOMMODATIONS

Name of Group / Fire Department / Organization:

Contact Name: _____ Contact Phone: () _____

How many in Group / Fire Department / Organization: _____

Number of rooms required: _____

Number of Male Occupants: _____ Female: _____

No. of Handicapped Accessible rooms required: _____

Total length of stay: _____ days / _____ nights (i.e., 5 days/4nights)

If you have any questions regarding accommodations, please contact Kerry Kimmel,
Hospitality Manager @ 931-294-4305.
