



Falmouth Fire-EMS Apparatus Operator Approval to Train Form

NAME: _____

DATE: ____/____/____

Date of Birth: ____/____/____ (must be at least 18 years old)

Have you had a valid license for the last 24 months? Yes / No

If no why not? _____

Driver's license number: _____

Expiration date: ____/____/____ Restrictions: _____

(Please attach copy of you current license)

Do you have any current points on your license? Yes / No

If yes for what? _____

Have you ever been an operator involved in a Motor Vehicle Crash? Yes / No

Have you completed EVOC/AVOC? Yes / No Where: _____ When: _____

Signature of Trainee: _____ Date: ____/____/____

Signature of Lieutenant: _____ Date: ____/____/____

Signature of Captain: _____ Date: ____/____/____

Signature of Deputy Chief: _____ Date: ____/____/____

Signature of Chief: _____ Date: ____/____/____

Trainees can only train on apparatus that the Chief has approved by initialing:

<u>Apparatus</u>	<u>Chief's Initials</u>	<u>Apparatus</u>	<u>Chief's Initials</u>
Engine 1		Ambulances	
Engine 2		Tower 2	
Engine 4		Tank 4	

*****Note - This form must remain at the station in the apparatus training book.*****