



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 your 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 *(Please attach a copy of your certificate)*

Signature of Trainee: _____

Date: ____/____/____

Signature of Station Captain: _____

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	
Utility 4 & 6		Utility 5	
Marine 7			

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