

Name:	
Address:	
Phone number:	Fax Number:
Email address:	
1041 FSI Level: <input type="checkbox"/> Level - I <input type="checkbox"/> Level - II Certificate #	
Fire Department or Organization Associated with:	
Permission to Share information with other Public Safety Organization's. ie. SAFC, SVFFA, Public Safety & SASK911, OFC & Municipal Fire Departments <input type="checkbox"/> YES <input type="checkbox"/> NO	Signature: _____
Permission to post name & phone number on web pages of following: SAFC, SVFFA, Public Safety & SASK911, OFC <input type="checkbox"/> YES <input type="checkbox"/> NO	Signature: _____
*** Attach scanned copy of Instructor's Certificate ***	

**“Working To Make Saskatchewan Canada’s Most Fire-Safe Province”**