



Sandoval County Fire Department Training Application

Last Name: _____ First Name: _____ MI: _____

Rank: _____ E-Mail Address _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Secondary Phone Number: _____

Fire District/Department Name: _____

Chief/Supervisor Name: _____

Course Requested: _____ Date: _____ Location: _____

Course Fee Amount: _____ Payment Method (Circle One): P.O./M.O./Check# _____

If this application is for an EMS Course, select your level of licensure: FR__Basic__ILS__ALS__

NM EMS License Number: _____ Expiration Date: _____

Required Signatures

Applicants Signature: _____ Date: _____

Chief/Supervisor Signature: _____ Date: _____

For Sandoval County Fire Administration Use Only:

Application Disposition: Accepted _____ Rejected _____

Prerequisites Met Yes _____ No _____

Reviewer Signature: _____ Date: _____

For questions on filling out this application please contact 505-867-0245
You can fax completed applications to 505-867-6256