



NH Division of Forests and Lands Forest Protection Bureau Training Nomination Form

Course Name/Number:			
Applicant Name:			
Mailing Address:			
Cell Phone Number:			
Home Phone Number:			
E-Mail Address:			
Agency/Fire Department Affiliation:			
Agency Position/FD Rank:			
Emergency Contact Name:			
Emergency Contact Phone Number:			
Supervisor's Name and Title:			
Supervisor's Phone Number:			
Supervisor's Email Address:			
<p>I certify that the information on this application is correct and understand that falsification of information may result in denial of a course certificate. I understand and agree to abide by the rules and policies of the NHDNCR-Division of Forests and Lands. I hereby authorize release of any and all information concerning my enrollment in this course to the Chief Officer in charge or designee of my organization. Unless I am employed by the State of NH, I understand and accept the fact that I am not covered by any insurance provided by the State of NH, NHDNCR-Division of Forests and Lands nor will insurance from any of these agencies be available in the event of my injury or death.</p>			
Applicant Signature:		Date:	

***Please refer to the course announcement for specific instructions regarding submission of completed nomination forms and associated deadlines.**