



**County of Clarke, Virginia**  
**Department of Fire, EMS and Emergency Management**  
**Director Brian Lichty**  
**Course Registration Form**



Course Requested: \_\_\_\_\_ Course #: \_\_\_\_\_

Dates of class: \_\_\_\_\_

Location of class: \_\_\_\_\_

Social Security # (last four): \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Address (number & Street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Email Address: \_\_\_\_\_

Class Prerequisite Certifications:

EMS: \_\_\_\_\_

Fire: \_\_\_\_\_

Career in County: \_\_\_\_\_ Volunteer in County: \_\_\_\_\_

Career out of County: \_\_\_\_\_ Volunteer out of County: \_\_\_\_\_

Department/Company: \_\_\_\_\_

Supervisor (name): \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Official Use Only</b>	
Approved: _____	Denied: _____
Reason for Denial: _____	

