

**State of New Jersey Department of
Community Affairs Division of Fire Safety**

**New Jersey Weekend at the National Fire Academy
Application Addendum**

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The information provided on this form will assist the New Jersey Weekend coordinator in processing your application. If you fail to complete, the addendum and check will be returned to you. If you need additional information or assistance please contact the office at 908-737-3060.

First and Last Name: _____

NJ Division of Fire Safety ID Number (*REQUIRED*): _____

FEMA Student Identification Number (SID) (*REQUIRED*): _____

Email (*REQUIRED*): _____

Cell Phone (*REQUIRED*): _____

Work Phone (*REQUIRED*): _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Fire Department/Government Agency: _____

Current Rank/Position: _____

Years in Current Rank/Position: _____

Highest Rank Achieved: _____

Please check all boxes that apply to your highest rank achieved:

Fire Officer Fire Chief Deputy Fire Chief Assistant

Fire Chief Battalion Fire Chief FD Captain FD Lieutenant

Firefighter EMS Training Officer

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Do you hold the following certifications? ICS 100, ICS 200 YES NO

First Choice Course Title: _____

First Choice Number: _____

Second Choice Course Title: _____

Second Choice Number: _____

Third Choice Course Title: _____

Third Choice Number: _____

*Please be aware that when you apply online at the NFA website, enter ONLY your First choice class. Second and third choice classes are only applicable if the desired course you choose is unavailable, in the event this happens the New Jersey Division of Fire Safety will make the course placement based on your selection. Do not apply for more than one (1) course online. Duplicate applications be rejected in the NFA system.

Applicant Signature (**REQUIRED**): _____

Date (**REQUIRED**): _____

Chief/Director Signature (**REQUIRED**): _____

Title (**REQUIRED**): _____

Date (**REQUIRED**): _____

The New Jersey Division of Fire Safety will not process any applications, which are not completely filled out. If any part of the application is left blank, your application and check will be returned to you. Therefore, before mailing in your application check the list below to ensure your application is complete.

- Signed and Date Addendum Application
- Chief/Director approved by signing his/her name and printed his/her name, title and date.
- Enclose an individual check or money order payable to "Kean University" in the amount of **\$90**

No vouchers or purchase orders will be accepted.

MAIL CHECK AND COMPLETED ADDENDUM APPLICATION TO:

KEAN UNIVERSITY

FIRE SAFETY TRAINING PROGRAM - L145

1000 MORRIS AVENUE UNION, NJ 07083

ATTENTION: NJ Weekend – Karen Grant