NC High Angle Rescue School 2021 **Unit 1** **Unit 3** **Please circle**

NAME: _____ _____ _____
Last First Middle

_____ _____ _____ _____
Zip Code Address City State

County of Residence_____ Social Security # *(Required for certification purposes)* _____

Birth Date_____ Email Address _____

Telephone (Home)_____ (Work)_____ (Cell) _____

Gender___Male ___Female Race: __White __Black __Hispanic __American Indian __Asian/Pacific Islander ___Other

Education Level (Circle highest grade)	Employment Status	Job Classification
00 None		Firefighter (County/State/
1 1st grade	____ 1-10 hrs wk (E1)	Municipal Agency) (CEPFR) _____
2 2nd grade	____ 11-20 hrs wk (E2)	Firefighter (Volunteer
3 3rd grade	____ 21-39 hrs wk (E3)	Agency) (CEVFR) _____
4 4th grade	____ 40+ hrs wk (E4)	Rescue/Life Saving (County/ State/
5 5th grade	____ Retired (R)	Municipal Agency) (CEPRS) _____
6 6th grade	____ Unemployed (not seeking	Rescue/Life Saving (Volunteer
7 7th grade	employment) (UN)	Agency) (CEVRS) _____
8 8th grade	____ Unemployed (seeking	Paid Law Enforcement (CEPLW) _____
9 9th grade	employment) (US)	
10 10th grade		**Agency Affiliation:**
11 11th grade	Employer:	
-- GED		
12 12th grade (HS Diploma)	_____	
13 **Adult** High School Diploma		
14 Post HS Vocational Diploma		
15 Associate Degree		
16 Bachelors Degree		
17 Masters Degree (or higher)		

Student Signature: _____ **Date:** _____

My signature attests that I am affiliated with the public safety agency listed and that I hold the job classification indicated

ITEMIZED CHARGES:	
Description	**Amount**
Tuition Charges	0
Technology Fee	0
Student Insurance	0
Malpractice Insurance	0
Supply Fee	0
Bookstore Charges	0
Other	$65.00
Total Charges	$65.00

Credit Card : _____ Visa ____ Mastercard
_____ Discover
Cardholder Name: _____
Card No: _____
Expiration Date (MM/YY) _____
3 Digit Security Code _____
Signature_____
By signing I am stating that I am authorized to make charges to the above card and authorize WCC to charge $ _____ in payment of the named course.

CHIEF/CAPTAIN

I certify that the above named person has experience and background to enroll in the practical exercise and courses listed above. He/She has also had the proper prerequisite course and training to enroll in this course. He/She has the ability in these techniques so as not to put others or him/herself at risk.

Chief/Captain's signature_____ ____

_____
Date

Agency/Dept. Name & Address_____

_____

_____