

South Carolina Forestry Commission - Course Registration Form

(Form cannot be processed without SSN)

PLEASE PRINT LEGIBLY

Social Security Number: _____

Last name: _____ First name: _____ Initial: _____

Mailing Address _____

City: _____ State: _____ Zip: _____ County: _____

Daytime phone #'s: Work: _____ Home: _____

E-mail _____

Fire Dept. or Organization _____ Dept. phone _____

Course registering for

_____ S-190 Introduction To Wildland Fire Behavior

_____ S-130 Wildland Firefighter Training (Must have completed S-190 before registering)

- I certify that the information on this registration form is correct. I agree to abide by the rules, policies, and regulations of the South Carolina Forestry Commission. I understand that falsifying information or violating rules or procedures may result in me being denied admission to the course and/or loss of course credit.

Signature

Date