



**SAN BERNARDINO COUNTY
FIRE DEPARTMENT
MORONGO BASIN CERT TRAINING ACADEMY
APPLICATION FOR ENROLLMENT**

Name:	
Address:	
City, State:	
Zip Code:	
Telephone:	
Email Address:	
How did you hear about the program?	

Second Student (Household):

Name:	
Address:	
City, State:	
Zip Code:	
Telephone:	
Email Address:	
How did you hear about the program?	

Submit completed application to:

Instructor: Carl Angdahl
crangdahl@earthlink.net / (760) 365-4424
www.morongobasincert.org

office use only

Period of student enrollment:	Circle one: Spring or Fall
Year of student enrollment:	