

**APPLICATION FOR ENROLLMENT**

**SAN BERNARDINO COUNTY FIRE DEPARTMENT**

**MORONGO BASIN CERT TRAINING ACADEMY**

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

**If second student?**

**Name:**

**If address different**

**Full Address:**

**City, State, Zip:**

**Phone:**

**Email:**

**office Submit completed application to:**

Instructor: Carl Angdahl

crangdahl@earthlink.net / (562.822.4928)

www.morongobasincert.org

**office use only**

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