



**Training Center for Fire and Hazardous Materials**

Community and Technical College  
Akron, OH 44325-4304  
330-972-6212 Office

Philip W. McLean  
Training Coordinator

**Please submit completed form to:** Workforce Development and Continuing Education  
The University of Akron  
Akron, OH 44325-4104  
Phone: 330-972-6859  
Fax: 330-972-7598      E-mail: [jkd@uakron.edu](mailto:jkd@uakron.edu)

**ADMISSION APPLICATION**

**Class Name** \_\_\_\_\_

**Student Name** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**Phone (Work)** \_\_\_\_\_ **Phone (Home)** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Fire Department Name and Address** \_\_\_\_\_

**Fire Department Chief** \_\_\_\_\_

**Current Level of Training** \_\_\_\_\_

**Present Certification Number** \_\_\_\_\_

Payment arrangements must be satisfied prior to the first day of class. Failure to do so will result in not being eligible for certification examination at the completion of the course.

- Pay Method---**
- ( ) Enclosed is a check payable to The University of Akron
  - ( ) Purchase order or Letter of Authorization must accompany registration.
  - ( ) Please charge my:    \_\_VISA    \_\_MasterCard    \_\_Discover

\_\_\_\_\_  
Name that appears on credit card

\_\_\_\_\_  
Bank card Number

\_\_\_\_\_  
Expiration Date

For details or questions, please contact Program Director, Phil McLean at 330-972-6212 or email [pmclean@uakron.edu](mailto:pmclean@uakron.edu)