JUSTICE INSTITUTE of BRITISH COLUMBIA | SCHOOL OF PUBLIC SAFETY | FIRE & SAFETY DIVISION

REQUEST FOR COMPLETED COURSE INFORMATION – FIRE FIGHTER PROGRAMS

* My Department was using one of the JIBC FF Programs: YES ☐ NO ☐

- If you have checked 'NO', this form does not apply to your department, please disregard.
- If you have checked 'YES' please complete this form with the names of members that are part way through any of the FF programs and/or those members that have completed any of the FF programs.

*FIRE DEPARTMENT: _____

*FIRE CHIEF/TRAINING OFFICER: _____

*EMAIL: _____ *PHONE: _____

NO HAND WRITTEN FORMS PLEASE

* STUDENT LAST NAME	* STUDENT GIVEN NAME	JIBC STUDENT ID (IF KNOWN)	* DATE OF BIRTH (YYYYMMDD)
SMITH	JOHN	J0012345/100123456	18950202

Once you have completed this form please either fax to 604.462.9149 or emailed: basicffexams@jibc.ca

*MANDATORY FIELD

Continued:

*FIRE DEPARTMENT: _____

*FIRE CHIEF/TRAINING OFFICER: _____

*EMAIL: _____ *PHONE: _____

*STUDENT LAST NAME	*STUDENT GIVEN NAME	JIBC STUDENT ID (IF KNOWN)	*DATE OF BIRTH (YYYYMMDD)

*MANDATORY FIELD