



I _____, herein referred to as “student”, claim affiliation
(Student’s Legal Name-Printed)
with _____, herein
(Agency’s Full Name-Printed)
referred to as “agency”, and am in good standing with the agency, as of _____, 20_____.
(Effective Date)

Student’s Signature: _____ Date: _____

I _____ am the _____ for
(Officer Name-Printed) (Officer’s Rank-Printed)
_____ and I affirm that the
(Agency’s Full Name-Printed)

above named student is affiliated with the agency I represent, as of the effective date. My signature affirms that my agency, and its members, are legally recognized as being eligible for fee waivers as described under General Statute 115D-5 subsection (b), and that the student is fee waived for the types of courses listed below.

- | | |
|--|--|
| <input type="checkbox"/> Basic Life Support, CPR and First Aid Courses | <input type="checkbox"/> Law Enforcement Courses |
| <input type="checkbox"/> Advanced Life Support Courses | <input type="checkbox"/> Fire and Technical Rescue Courses |
| <input type="checkbox"/> Leadership Courses | <input type="checkbox"/> Instructor Development Courses |
| <input type="checkbox"/> Emergency Preparedness Courses | <input type="checkbox"/> Emergency Dispatch Courses |

This affiliation shall commence on the effective date and shall continue for a period of one year; and, thereafter, with automatic one-year renewals. The affiliation may be terminated at any time, with written notice, from an officer representing the agency.

Officer Signature: _____ Date: _____

Agency Physical Address: _____
Agency Mailing Address: _____
Officer Contact Number: _____ Email: _____