

**GENESEE COUNTY ASSOCIATION OF FIRE CHIEF'S**  
**Genesee County Training Committee**  
**Advance Pump Operations (20 hour course)**  
 Registration Form  
**RETURN BY May 18, 2018**  
**SMOKE COURSE: 2018-2Z-25-Q54A-0353**

**Advanced Pump Operations – Clio Area Fire Dept. #1**

Friday, June 1, 2018 - 1800 to 2200  
 Saturday, June 2, 2018 - 0800 to 1700  
 Sunday, June 3, 2018 - 0800 to 1700

Course Description: There will be 12 hours of classroom and 8 hours of practical. Class is limited to 20 students maximum. Students must be FF I certified, FF II preferred. Novice to experienced pump operation skills needed. Instruction includes: pumping apparatus operator training, standards and laws, types of fire pumps, pump components and pump theory, friction loss estimations and calculations, pressure relief valve and pressure governor systems, operating from pressurized and static water sources, drafting operations, common pump operation problems (signs of, prevention and correction), providing recommended nozzle flow rates and operation pressures, water relay operations, positioning pumping apparatus for maximum effectiveness and firefighter safety, supporting the FDC (standpipe and sprinkler operations). Manuals and lunch will be provided Saturday and Sunday.

This is free class. Each student will be registered in SMOKE by the Genesee County Training Committee Chairman since this a closed course being offered only to GCAFC member departments personnel. If the class does not fill to the maximum, it will be opened statewide registration.

**Registration (PRINT LEGIBLY)**

Name: _____	Department: _____
SMOKE Personal ID #: _____	NFIRS: _____
Home Address: _____	
City, zip: _____	Phone: _____
Date of Birth: _____	Email: _____
<b>NOTE: To insure communication via email with the student is effective, please be sure the email listed matches the one listed in SMOKE.</b>	
Emergency Contact Person: _____	Phone: _____
<p>All class registration forms must be approved and signed by the Fire Chief. By the Chiefs signature, it is assumed the person named above is a current member of the fire department covered by all workers compensation and injury insurance deemed appropriate by the fire department being represented.</p> <p style="text-align: center;"><i>* THIS INFORMATION IS CONFIDENTIAL AND IS PROTECTED BY THE FEDERAL PRIVACY ACT.</i></p>	
_____ Fire Chief Signature or typed name AND email account	_____ Contact Phone Number

**Mail or email (NO FAX AVAILABLE) completed registration forms to:** Brent Cole, 1411 Houston Dr., Swartz Creek MI 48473 Telephone: 810-691-2641 Email: [genctc@gencofirechiefs.org](mailto:genctc@gencofirechiefs.org)