

**State of New Jersey Department of Community Affairs**  
**Division of Fire Safety**

**New Jersey Weekend at the National Fire Academy**  
**Application Addendum**

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The information provided on this form will assist the New Jersey Weekend coordinator in processing your application. If you fail to complete, the addendum and check will be returned to you. If you need additional information or assistance please contact the office at 908-737-3060.

First and Last Name: \_\_\_\_\_

NJ Division of Fire Safety ID Number (*REQUIRED*): \_\_\_\_\_

FEMA Student Identification Number (SID) (*REQUIRED*): \_\_\_\_\_

Email (*REQUIRED*): \_\_\_\_\_

Cell Phone (*REQUIRED*): \_\_\_\_\_

Work Phone (*REQUIRED*): \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fire Department/Government Agency: \_\_\_\_\_

Current Rank/Position: \_\_\_\_\_

Years in Current Rank/Position: \_\_\_\_\_

Highest Rank Achieved: \_\_\_\_\_

Please check all boxes that apply to your highest rank achieved:

- Fire Officer       Fire Chief Deputy       Fire Chief Assistant
- Fire Chief Battalion       Fire Chief       FD Captain       FD Lieutenant
- Firefighter       EMS       Training Officer

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Do you hold the following certifications? ICS 100, ICS 200     YES     NO

First Choice Course Title: \_\_\_\_\_

First Choice Number: \_\_\_\_\_

Second Choice Course Title: \_\_\_\_\_

Second Choice Number: \_\_\_\_\_

Third Choice Course Title: \_\_\_\_\_

Third Choice Number: \_\_\_\_\_

\*Please be aware that when you apply online at the NFA website, enter ONLY your First choice class. Second and third choice classes are only applicable if the desired course you choose is unavailable, in the event this happens the New Jersey Division of Fire Safety will make the course placement based on your selection. Do not apply for more than one (1) course online. Duplicate applications be rejected in the NFA system.

Applicant Signature *(REQUIRED)*: \_\_\_\_\_ Date *(REQUIRED)*: \_\_\_\_\_

Chief/Director Signature *(REQUIRED)*: \_\_\_\_\_

Title *(REQUIRED)*: \_\_\_\_\_ Date *(REQUIRED)*: \_\_\_\_\_

The New Jersey Division of Fire Safety will not process any applications, which are not completely filled out. If any part of the application is left blank, your application and check will be returned to you. Therefore, before mailing in your application check the list below to ensure your application is complete.

- Signed and Date Addendum Application
- Chief/Director approved by signing his/her name and printed his/her name, title and date.
- Enclose an individual check or money order payable to "Kean University" in the amount of **\$86.82**

No vouchers or purchase orders will be accepted.  
MAIL CHECK AND COMPLETED ADDENDUM APPLICATION TO:  
KEAN UNIVERSITY  
FIRE SAFETY TRAINING PROGRAM - L145  
1000 MORRIS AVENUE UNION, NJ 07083  
ATTENTION: NJ Weekend – Karen Grant