



**Greater Toronto Airports Authority
Fire and Emergency Services
Training Institute**

Application for: _____

Date of Training: _____

This information is gathered as part of the application process. Information is being collected solely for the purpose listed above in accordance with the Freedom of Information and Protection of Privacy Act.

Last name		First name		Middle name	
Address: (street number and name)				(apartment/unit number)	
(city)		(province)		(postal code)	
Phone number (include area code)			Email address:		
Home:		Work:			
Name of College attended and date of completion: (if applicable)					
Employed by: (name of fire department if applicable)					
Address of fire department (street number and name)					
(city)		(province)		(postal code)	
Phone number (include area code)			Fax number (include area code)		
Please clearly print how you wish your name to appear on official documents.					

Payment Method:

Each application must be accompanied by payment.		
<input type="checkbox"/> Certified Cheque	<input type="checkbox"/> Money Order	or <input type="checkbox"/> Credit card
Please make certified cheque or money order payable to: Greater Toronto Airports Authority		

Return the completed application form to: Marion Madden @ Toronto Pearson International Airport, P.O. Box 6031, 2025 Courtneypark Drive, Toronto AMF, Ontario, Canada, L5P 1B2 Telephone: (416) 776 - 5997

Office Use Only

Date Received:	Date receipt mailed:
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