

Tioga County Emergency Services

SAM VANLOON
COMMISSIONER

MARC RICE
COMMISSIONER

SHANE NICKERSON
COMMISSIONER

JANICE CHAMBERLAIN
CHIEF CLERK



DAVID R. COHICK, ENP
TECHNICAL DIRECTOR

LISA RICE
DIRECTOR

JIM DOUGLASS
DEPUTY DIRECTOR 911

MARTI SHABLOSKI
DEPUTY DIRECTOR EMA

Tioga County Fire/EMS Training Authorization Form

Name: _____ **Dept.:** _____

Email: _____ **Phone #:** _____

Course Requested: _____

Course Dates: _____

Authorization: By my signature below, I as Chief/Training Officer, authorize the student to attend the requested training and I acknowledge that the student is a member of this organization. I also acknowledge that the student meets the required prerequisites for the course.

The student has Workman's Compensation/or insurance coverage through the Department in the event of injury during the training. The sponsoring organization agrees to indemnify, defend and hold harmless Tioga County from and against all claims, damages losses and expenses.

Name: _____ **Date:** _____

Title: _____ **Dept./Organization:** _____

Signature: _____

Please fax this completed form back to us at 570-724-6819. OR scan, take a picture of it, or email it to: bmathers@tiogacountypa.us OR emergencyservices@tiogacountypa.us.