

WILDLAND FIREFIGHTER REGISTRATION



2026 Spring Schedule (Registration closes April 3, 2026)

Online Training: Begins upon registration

In-person Training: Friday, Saturday, and Sunday beginning April 10, ending April 19

Fridays: 6 PM - 10 PM

Saturdays and Sundays: 8 AM - 5 PM

All fields are required unless otherwise indicated; please fill out this registration form completely.

Date of Registration_____ Class Start Date_____

First Name_____ Middle_____ Last Name_____

Address_____ City, State, Zip_____

Cell Phone_____ Work Phone_____ Daytime Phone_____

Would you like to receive notifications via text message to the cell phone number provided above? Yes No

E-Mail Address_____ Date of Birth_____

Your confirmation will be sent to this e-mail address.

PLEASE CHECK ONE: *All checks should be made payable to Bismarck State College*

Enclosed is the full tuition of \$35

I am a sponsored student. Enclosed is the Third Party Authorization Letter as well as the name and address of the sponsoring business provided below. Sponsoring Business: _____

PLEASE ANSWER: *(Optional)*

How did you hear about the BSC Firefighter Type 2 training? _____

If employed, please share with us who you are employed with. _____

COURSE PREREQUISITES AND ACKNOWLEDGMENT:

The following are required for registration:

- Must be at least 18 years old and possess a valid driver's license
- Be able to read, write, and speak English well enough to speak with co-workers and the public, respond to official inquiries, and make entries on reports and records
- A computer or tablet for online learning
- Complete the following online classes and present completion certificates to the instructor on the first day of in-person training:
 - FEMA IS-100.C
 - <https://training.fema.gov/is/courseoverview.aspx?code=IS-100.c&lang=en>
 - FEMA IS-700.B
 - <https://training.fema.gov/is/courseoverview.aspx?code=IS-700.b&lang=en>

Students should be comfortable with manual labor and working outdoors. Basic math skills will be required. Familiarity with essential tools and pieces of equipment may be beneficial. Duties involve fieldwork requiring physical performance calling for above-average endurance and superior conditioning. These duties may include an occasional demand for extraordinarily strenuous activities in emergencies under adverse environmental conditions and over extended periods of time. Requirements include running, walking, climbing, jumping, twisting, bending, and lifting more than 50 pounds; the pace of work typically is set by the emergency situation. The following expenses are the financial responsibility of the student: lodging and travel, clothes suitable to work in outdoor conditions, a computer or tablet for online learning, and a notebook along with a pen/pencil. Students are expected to complete FEMA IS-100.C and IS-700.B online training and present proof of completion of the 5 1/2 hours of online training on the first day of in-person training to the instructor.

_____ My initials indicate that I have read, understand, and will meet the above requirements within the deadlines outlined.

COMPLETE BACK PAGE

REFUND POLICY: Students must contact the BSC Continuing Education office at least ten (10) business days prior to the course start date to request a refund. A \$10 processing fee will be deducted from the amount refunded. If a student cancels less than ten (10) business days prior to the start of the course, the entire registration fee is forfeited. Full refunds are guaranteed if BSC Continuing Education cancels a course. All approved refunds are made by mail unless paid with a credit card or electronic check in which case the card or account is credited. Please allow three (3) weeks to process refunds.

 My initials indicate that I have read and understand the Refund Policy.

(PLEASE READ CAREFULLY AND FULLY) I certify that the information given by me in this application is true in all respects, and I agree that the omission or misrepresentation of any fact in this application will be sufficient reason for BSC Continuing Education to deny me training. I also understand and agree that should I begin training and it is later discovered I have omitted or misrepresented any fact in this application including any supplement thereto, or any other corporate record, BSC Continuing Education may immediately terminate my training upon discovery of such omission or misrepresentation. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability to perform the essential function of the job, character, reputation and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. As part of the application process for their training at Bismarck State College, I understand that they and/or agents may conduct an investigation of my personal information. The investigation may include, but is not limited to, names and dates of previous/current employment, work experience, workers' compensation claims, criminal history records (from state, federal and other agencies), motor vehicle records, military records, names and dates of education, credit history, and bankruptcy records. I authorize, without any reservation, the full release of these records. In addition, I release and discharge Bismarck State College and all of its agents and associates, any expenses, losses, damages, liabilities, or any other charges or complaints for the investigative process. I also authorize the full release of the information described above, without any reservation. I also certify that all information provided is correct on the application to the best of my knowledge. Any false statements provided will be considered just cause for termination of training. I understand BSC Continuing Education may conduct a background check.

Student Signature_____ Date_____

Please return this completed form to BSC Continuing Education & TrainND SW either:

- In Person: BSC National Energy Center of Excellence Building, 1200 Schafer Street, 1st Floor, Room 107
- By Email: <https://sendfiles.ndus.edu/filedrop/BSC-ContinuingEducation>

OFFICE USE ONLY

Action_____ Date_____ Pymt Method_____ Pymt Amount_____ Remaining Bal_____ Tran ID_____

Action_____ Date_____ Pymt Method_____ Pymt Amount_____ Remaining Bal_____ Tran ID_____

Action_____ Date_____ Pymt Method_____ Pymt Amount_____ Remaining Bal_____ Tran ID_____

3rd Party Company_____ Invoice #_____ Date_____ Invoice Amount_____

Pymt Method_____ Date_____ Pymt Amount_____ SF Receipt #_____