

PIN AUTHORIZATION FORM

By signing below, I am requesting Illinois Fire Service Institute to issue a PIN for on-line registration authorization. This PIN will be the same as my signature on a paper registration form.

This PIN:

- Confirms the student is an active member of our Fire Department and is covered by our Workman's Compensation Insurance policy.
- I have reviewed the registration and agree to the billing terms if "Department Bill" has been marked.

Please send me my PIN via mail _____ / e-mail _____
(e-mail address)

Signature of Chief

Date

Department Name Department State ID #

FEIN #

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