

EXTENSION SERVICES BUREAU

FIRE INVESTIGATOR 1033

Course Number	CC 1033	This Course Is Accredited by IFSAC and PROBOARD
	Meets or exceeds NFPA 1033	
Course Hours:	80	
EMS CEU Hours:	4 Approved for EMS CEU by the Mississippi Bureau of Emergency Medical Services.	
Maximum Enrollment:	25	
Course Fee:	\$640 - Group A	\$905 - Group B
Date of Delivery:	March 18-28, 2024	June 10-20, 2024
Prerequisite:	None	

Barry
Chandler

MISSISSIPPI COUNTY FIRE INVESTIGATOR

Course Number	CC-CFAI
Course Hours:	32
EMS CEU Hours:	2 Approved for EMS CEU by the Mississippi Bureau of Emergency Medical Services.
Course Fee:	\$340
	\$100 for one (1) appointed county fire investigator per county with a letter from the Sheriff. Must be attached to the application stating the name of the applicant appointed as the county investigator for this fee to apply. Otherwise, the fee will be the Group A fee.)
Dates of Delivery:	February 5-8, 2024

MISSISSIPPI COUNTY FIRE INVESTIGATOR: ANNUAL IN-SERVICE

Course Number	CC CFAI-8
Course Hours:	8
EMS CEU Hours:	2 Approved for EMS CEU by the Mississippi Bureau of Emergency Medical Services.
Course Fee:	None. If on campus, students may request dorm at \$17 per night and/or meals at \$12 per day.
Dates of Delivery:	March 7, 2024 Lafayette Co. F.D. Central Station (Oxford)
	June 6, 2024 Mississippi State Fire Academy
	October 10, 2024 Hattiesburg Fire/Police Training Academy

Note: Each county investigator will be required to attend one in-service per year. The date to attend will be your choice. No Academy application is needed to attend this course unless requesting dorm. The investigator needs to have attended the County Fire Investigator course or had some other training in fire investigation prior to attending the in-service.

INSTRUCTOR CHIEF SHANNON SANDRIDGE



2024 MISSISSIPPI STATE FIRE ACADEMY GENERAL ADMISSION APPLICATION

Replaces All Previous Editions.
http://www.msfa.ms.gov

Submit application to:
STATE FIRE ACADEMY
1 Fire Academy USA
Jackson, MS 39208-9600

Phone: 601-932-2444; Fax: 601-932-2819

Duplicate form as needed. Please Type Application & Email to Gladys Peterson: GPeterson@msfa.ms.gov
Applicant, Chief or designee, and one witness must sign application for processing.

Internal Office Use Only:
Pay Method: No Fee Bill-After Prepay CASH
CK/MO Date Paid
Total Remittance: \$
PO# INV#
Course Fee: \$ Dorm:
Course Date Assigned:

SECTION 1: APPLICANT INFORMATION

Last Name: CHANDLER First Name: BARRY M.I.: S MSFA ID#: CHABA0301
Date of Birth And Age: 02/10/196 Age: 60 Applicant Sex: Male Female
Contact Phone Number: 601-573-6421 Current Position with Sponsoring Department: INVESTIG Rank: MSGT
Years in Position: 4 Hire Date: 02/17/2019 Applicant Status with Department/Organization: Career Volunteer Other
Student Email Address: barry.chandler@madison-co.com

SECTION 2: SPONSORING DEPARTMENT/ORGANIZATION INFORMATION

Name of Sponsoring Department/Organization: MADISON COUNTY SHERIFF'S DEPARTMENT
Address: 2941 HWY 51 Contact: CHIEF JEREMY WILLIAMS
City, State: CANTON Zip: MS County: MADISON
Phone Number: 601-859-2345 Fax: Email:
CHECK ALL THAT APPLY
Status of Sponsoring Department or Organization: City, Federal or State Government Other-Describe
MS Municipal Fire Dept. Career Volunteer Combination Appointed Fire Investigator
MS County Fire Dept. Career Volunteer Combination
Industrial Organization For Profit Out of State Law Enforcement Dispatcher Emergency Management Other

SECTION 3: COURSE REGISTRATION AND DORM ACCOMODATIONS

Course Name: COUNTY FIRE INVESTIGATOR Course Code: CC-CFA1
Requested Date: 1st Choice: FEB 05-08 2nd Choice:
Pre-Requisites Required for this Course: NO YES-If yes, complete section below:
List Course Pre-Requisite Certifying Agency Date Completed
Required Pre-Requisite One: Course: Agency Date Completed: (Attach copy of certificate)
Required Pre-Requisite Two: Course: Agency Date Completed: (Attach copy of certificate)
Do you want to reserve a dorm room? NO YES (If dorm fee is not included in course fee, add \$17 per night to course fee)

SECTION 4: APPLICANT - Briefly describe your activities or responsibilities as they relate to the course for which you are applying and identify how you will utilize the information obtained from the course.

CRIMINAL INVESTIGATOR

2024 MISSISSIPPI STATE FIRE ACADEMY GENERAL ADMISSION APPLICATION

Replaces All Previous Editions.
http://www.msfa.ms.gov

CHANDLER, BARRY S

CHABC0301

Applicant Name: (Last, First, Middle)


MSFA ID:

SECTION 5: FINANCIAL INFORMATION

Course Name: COUNTY FIRE INVESTIGATOR	Course Fee: \$ 100.00
Is this a pre-payment required course? If yes, attach a purchase order or check for the registration process. (Please check catalog course description if unsure.)	Dorm Fee: \$17 per night x nights = \$ (If applicable and <u>not</u> included in course fee)
Group A fee students represent: Mississippi Municipal (career or volunteer) fire departments, Mississippi County (career or volunteer) fire departments, emergency management, military personnel assigned full time to a Mississippi Base, arson investigators (County Fire Arson and Fire Investigator courses), and Choctaw Fire Department.	Meal Fee: \$12 per day x days = \$ (If applicable and <u>not</u> included in course fee)
Group B fee students represent: Industrial organizations, federal affiliates, out-of-state students, for-profit entities, law enforcement, medical entities, dispatchers, etc.	Book Fee: \$ (If applicable and not included in course fee)
TOTAL COURSE FEE: \$ 100.00	

SECTION 6: SPONSORING DEPARTMENT ACKNOWLEDGEMENT OF APPLICANT PROCESS AND FINANCIAL OBLIGATIONS

Signature of approval by chief of fire department or head of organization for applicant to attend course listed. Acknowledgement that a course processing fee of \$40 will be charged for all substitutions or cancellations. Additionally, if applicant does not show up for a registered course (regardless of financial responsibility), a fee of \$60 will be charged to the sponsoring department/organization. The course fee will be due and paid by organization listed in Section 2 unless marked otherwise below (except the processing fee or no-show fee).

Signature of Chief or Designee: 

Printed Name & Date: **Jeremy Williams 10/24/23**

Please Check One: Department Responsible OR Student Responsible

Note: If student is responsible, payment must be received 30 days prior to course begin date or student will be removed from the course delivery.

SECTION 7: APPLICANT ENDORSEMENT AND CERTIFICATION

Do you have any medical conditions which would require special consideration during your attendance? (See American Disabilities Act Federal Regulations in Catalog on Rules and Guidelines Governing Students.)

NO YES-Explain:

- A. I certify that the information recorded on this application is correct. I agree to abide by the rules, policies, and regulations of the State Fire Academy of Mississippi if I am admitted as a student. Falsification of information may result in denial of admission or a course certification.
- B. I hereby authorize the release of any and all information concerning my enrollment in this course to the chief officer in charge or designee of my organization. All requests for information shall be in writing from said chief officer or designee.
- C. I understand that the State Fire Academy of Mississippi is not authorized to provide medical or health insurance for students. I maintain appropriate insurance on an individual basis.
- D. I have read and understand all rules and guidelines listed in the catalog governing all students.

WAIVER...While attending for the purpose of instruction in the State Fire Academy's program, (**course name**) COUNTY FIRE II and desiring to obtain practical experience by acting in various capacities on the fire apparatus, trucks, and other equipment in connection with my instruction, I (**PRINT NAME**) BARRY CHANDLER do hereby relieve the State Fire Academy and all agencies or individuals furnishing equipment or services in connection with said school as well as any fellow student or instructor from any and all liability or any sort or nature whatsoever that might arise or occur as a result of any accident, injury, or damage to me during my participation in the course conducted by the State Fire Academy and do, by my presence, assume whatever risk, apparent and unapparent, that training of this entails.

I understand that the nature of the tasks a fire fighter will be called upon to perform requires a high degree of physical fitness, agility, and dexterity. The instruction I will receive at the State Fire Academy will, therefore, include rigorous exercises which will require physical fitness, strength, and stamina. I waive any and all claims for myself or my heirs against the Academy, its officials, or employees, which may result from my participation in the Fire Academy program. This waiver does not affect any rights I may have pursuant to the Workers Compensation Act or the Tort Claims Act. I hereby agree to follow all Academy Rules and Guidelines Governing Students.

IN WITNESS WHEREOF, I AM SIGNING THIS WAIVER IN THE PRESENCE OF THE UNDERSIGNED WITNESS:

Witness Signature: 	Applicant Signature: 	Date: _____
--	---	-------------