

FIRE & SAFETY DIVISION

CERTIFICATE/DIPLOMA APPLICATION FORM FOR DOMESTIC AND INTERNATIONAL STUDENTS

Fields marked with an asterisk* are mandatory for government reporting purposes.
Information is protected under privacy legislation.

TODAY'S DATE: _____		HAVE YOU EVER TAKEN A COURSE AT JIBC? YES NO	
IF YES, JIBC STUDENT NUMBER (IF KNOWN): _____		PEN (IF KNOWN): _____	
*LAST NAME	*FIRST NAME	MIDDLE NAME OR INITIAL	
POSITION	ORGANIZATION		

The following is my: Work address Home address

*STREET NAME AND ADDRESS			
*CITY/TOWN	*PROVINCE/STATE	*COUNTRY	
*POSTAL CODE / ZIPCODE	E-MAIL ADDRESS	FAX	
EVENING OR HOME PHONE	DAY PHONE	CELL PHONE	PAGER

*DATE OF BIRTH (MM/DD/YY): _____ PREVIOUS NAME USED FOR REGISTRATION, IF ANY: _____

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