

**EASTERN REGION
2018 AD APPLICATION FOR SPONSORSHIP**

APPLICANT NAME: _____

ADDRESS: _____

Home Phone #: _____

Cell Phone #: _____

Email Address: _____

IC Team Affiliation: _____ (if none, say none)

IQCS Employee ID: ___ **STATE** _____

Current Red Card Qualifications: _____

Brief Experience: _____

Remarks: _____

Applicant Signature: _____

Date: _____

Sponsorship: _____ **Approved**

_____ **Disapproved**

Fire Staff Officer

Date