

SPARTANBURG
ESA
EMERGENCY SERVICES ACADEMY

Course _____ Course # _____

Start Date _____

Name _____

Address _____

City _____ State _____ Zip _____

Social Security # _____ - _____ - _____ DOB _____

Home Phone # _____ FD Name _____

Work Phone # _____ SCDL# _____

All applications for courses which have a registration fee, must be mailed with payment (check only, made payable to Spartanburg County) to the **Spartanburg ESA.**

Applications for courses which have no registration fee, may be mailed or faxed to the **Spartanburg ESA.**