ONTARIO FIRE ADMINISTRATION

520 Westney Rd. S., Unit 22
Ajax, ON L1S 6W6
Tel: 905-426-6756 Fax: 905-426-3032
info@ofai.ca

Please contact the OFAI office at 905-426-6756 or info@ofai.ca or visit our website at www.ofai.ca for available assessment dates/times. Please note that all assessments dates/times will not be confirmed until payment is received in full. Note that all assessments close 5 business days prior to the assessment date.

Please list three assessment dates and times that would work best for you:

Date:_____ Time:_____
Date:_____ Time:_____
Date:_____ Time:_____

Registrant Information: (CompleteALL fields and print clearly)

First Name	Last Name	
Mailing Address		
City	Province	Postal Code
Email Address	Phone	Alternate Phone (Optional)
Emergency Contact Name	Emergency Contact Phone	

Assessment Selection:

Please specify which assessment(s) you plan on attending:	Cost	Sub-Total
❍ **Stage One & Two:** National Fire Select Test, Clinical Assessment and Medical Assessment	**$250.00 + $32.50 (HST) = $282.50**	
❍ **CPAT Orientation**	**$132.00 + $17.16 (HST) = $149.16**	
❍ **Stage Three:** CPAT and Firefighter Technical Skills Assessment	**$448.00 + $58.24 (HST) = $506.24**	
❍ **National Fire Select Test**	**$65.00 + $8.45 (HST) = $73.45**	
❍ **Medical Assessment**	**$85.00 + $11.05 (HST) = $96.05**	
❍ **Clinical Assessment**	**$100.00 + $13.00 (HST) = $113.00**	
❍ **CPAT**	**$198.00 + $25.74 (HST) = $223.74**	
❍ **Firefighter Technical Skills Assessment**	**$250.00 + $32.50 (HST) = $282.50**	
HST Exemption Number (if applicable)		
	***(Add total of all sessions here)*TOTAL**	

Payment Details:

❍ **VISA**	❍ **MasterCard**	❍ **Certified Cheque** Payable to Ontario Fire Administration Inc.	❍ **Bank Draft** Payable to Ontario Fire Administration Inc.	❍ **Debit** Available at the OFAI Administration Office Only	❍ **Cash** Paid in-person at the OFAI Administration Office Only

Credit Card Number – MUST

					3 digit verification code on card	Billing Address for Credit Card:	Signature & Print Name
M	M		Y	Y			

By signing below, I am acknowledging the following. I am 18 years of age or older. I am aware that the OFAI has a self-assessment questionnaire that can assist me in deciding whether I would be a good fit to the role of a firefighter. I have identified that I would like to proceed with the OFAI assessments. I have read all assessment information provided on the OFAI website and I know that it is my responsibility to be aware of what is involved in each assessment and agree to the registration/cancellation policy.

_____ _____
Name Date

If you have any questions, please contact the OFAI office at 905.426.6756

REGISTRATION FORM