

# Utica National Insurance

## Course Announcement

### Emergency Vehicle Operations Course

- Sponsored: Shepard, Maxwell, & Hale Insurance Agency
- Date: Saturday May 2, and Sunday May 3, 2009
- Time: Saturday 0800 – 1700 hrs. Light lunch provided  
Sunday 0800 – to be scheduled by Department  
(20 min/driver)
- Cost: Under written by Shepard, Maxwell & Hale Insurance  
And Utica National Insurance
- Location: Hamlin Fire Department  
1503 Lake Road  
Hamlin, NY 14464
- Prerequisites: NONE  
Will be needed as prerequisite for other NYS OFPC  
Classes (Pump Operator & Ariel Operator)
- Course Information: Provides vehicle operators with a better understanding of the seriousness of emergency vehicle operation. This course stimulates the thought processes to make students aware of the potential for tragedy and financial loss and of the legal and moral responsibilities encountered when operating an emergency vehicle. Also added rollover prevention, tanker operation, substance abuse and driver selection.

**Pre-registration is required and no one will be admitted without pre-registration. Pre-registration can be accomplished by completing the enclosed form (Registration Form) and Faxing it to the Hamlin Fire Department (FAX: (585) 964-9478). The deadline for registration is **April 27, 2009**.**

Questions regarding this class should be directed to:

Michael Gross @ (585) 463-7077

OR

Dan Hale @ (585) 343-5050

# **Utica National Insurance**

## **Emergency Vehicle Operations Course**

### **Training Registration Form**

**Name:** \_\_\_\_\_

**Fire Department or  
EMS Organization:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ (Student's Home)

\_\_\_\_\_ (Street)

\_\_\_\_\_ (City, Zip)

\_\_\_\_\_ (County)

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**I acknowledge that the above named is an Active member of the Department or EMS organization and is eligible to participate in this training program. I also will supply a truck/vehicle for their testing in hands course for Sunday.**

**Signed:** \_\_\_\_\_ (Rank and Name)

**Date:** \_\_\_\_\_

**Fax Form to: (585) 964-9478  
ATTN: MICHAEL GROSS**