Chief:

The Illinois Fire Service Institute (IFSI) allows students to register on-line for classes. We want to ensure that the on-line registration system provides the same level of security and integrity that the paper system provides. It is important to us that you have the opportunity to approve all registrations, regardless of which system is used to register students for IFSI courses. In order to accomplish this on-line, we will need to establish a PIN for you.

This PIN number will work the same as your signature and will authorize IFSI to bill your department if that item is checked. It also authorizes the employee to attend a class delivered by IFSI and to be covered by your department's workman's compensation policy. In other words, this PIN number will be the same as your signature on the authorization line of the paper registration form.

The registration process will:
- Require a signature of authorization from the Chief and his named designee of the department, if a designee is assigned.
- The Chief of each department who chooses to join the on-line registration process, will receive a PIN number. There will be a box for entry of your PIN number on each online registration in the final validation and confirmation section.
- If you choose to participate in this procedure please complete the form below. We will then assign you a PIN number. We will send this to you via email.

PIN AUTHORIZATION FORM

By signing below, I am requesting Illinois Fire Service Institute to issue a PIN for on-line registration authorization.
This PIN will be the same as my signature on a paper registration form. This PIN will provide the following:
- Confirms the student is an active member of our Department and is covered by our Workman's Compensation Insurance policy.
- I have reviewed the registration and agree to the billing terms if "Department Bill" has been marked.

Please send my assigned PIN to: _____
email address   _____
date

_____
Printed name of Chief

_____
Signature of Chief

_____
Printed Name of Designee (if applicable)

_____
Signature of Designee (if applicable)

_____
Department Name

_____
Department State ID#

_____
FEIN

_____
Department Address

_____
City, State, Zip

_____
Department Phone Number

_____
Chief's Phone Number

Type of Department (check one):   Paid ☐   Paid On-Call ☐   Volunteer ☐   Part-Time ☐