

**JIBC**School of Public Safety  
Fire & Safety Division**FIRE & SAFETY DIVISION  
CERTIFICATE APPLICATION FORM  
FOR DOMESTIC AND INTERNATIONAL STUDENTS**Fields marked with an asterisk\* are mandatory for government reporting purposes.  
Information is protected under privacy legislation.

TODAY'S DATE: _____		HAVE YOU EVER TAKEN A COURSE AT JIBC?      YES      NO	
IF <b>YES</b> , JIBC STUDENT NUMBER (IF KNOWN): _____		PEN (IF KNOWN): _____	
<b>*LAST NAME</b>		<b>*FIRST NAME</b>	
		<b>MIDDLE NAME OR INITIAL</b>	
POSITION		ORGANIZATION	

The following is my:      Work address      Home address

<b>*STREET NAME AND ADDRESS</b>			
<b>*CITY/TOWN</b>		<b>*PROVINCE/STATE</b>	
		<b>*COUNTRY</b>	
<b>*POSTAL CODE / ZIPCODE</b>		E-MAIL ADDRESS	
		FAX	
EVENING OR HOME PHONE		DAY PHONE	
		CELL PHONE	
		PAGER	
<b>*DATE OF BIRTH (MM/DD/YY):</b> _____ PREVIOUS NAME USED FOR REGISTRATION, IF ANY: _____			
<b>*IMMIGRATION STATUS:</b> CANADIAN CITIZEN    PERMANENT RESIDENT    NON-CANADIAN STUDYING OUTSIDE CANADA			
*IF NON-CANADIAN, SPECIFY YOUR CITIZENSHIP _____			
<b>*GENDER :</b> MALE    FEMALE    TRANS		<b>DO YOU IDENTIFY YOURSELF AS AN ABORIGINAL PERSON?</b> Yes    No	
IF YES, ARE YOU: <b>FIRST NATIONS</b> <b>MÉTIS</b> <b>INUIT</b>		<b>PLEASE INDICATE IF YOU ARE:</b> STATUS    NON STATUS	
<b>DISABILITIES OR SPECIAL REQUIREMENTS (PLEASE DESCRIBE):</b> If you have learning, emotional or physical challenges that may impact on your success as a student, it is in your best interest to work with the JIBC Student Learning Supports Centre, Disability Resources to ensure that you have the necessary supports to be successful. To contact the Manager, email <a href="mailto:studentresources@jibc.ca">studentresources@jibc.ca</a> or phone 604.528.5884 or 1.877.275.4331. Confidentiality is assured.			

*These programs have Admission Requirements. Please ensure all supporting documentation accompanies your application.*

PROGRAM NAME	DOMESTIC FEE	INTERNATIONAL FEE	REQUESTED PROGRAM
Fire Officer Certificate	\$75.00	\$150.00	<input type="checkbox"/>
Fire Prevention Officer Certificate	\$75.00	\$150.00	<input type="checkbox"/>

ENCLOSED IS MY APPLICATION FEE PAYMENT OF \$ _____ (\$75 Domestic or \$150 International)	
Cheque or money order.	Cheque issued by Student or _____
Mastercard      VISA	Name of Card Holder: _____
<b>CARD NUMBER:</b> _____	<b>EXPIRY DATE MM/YY:</b> ____ / ____ <b>CVV:</b> _____
SIGNATURE OF CARD HOLDER: _____	JIBC USE ONLY: AUTHORIZATION NUMBER

 Please check this box if you do not want to receive future mailings about JIBC programs.

Send your application form, supporting documentation and application fee to:  
**JIBC Registration Office, 715 McBride Boulevard, New Westminster, BC, Canada, V3L 5T4**  
**Fax: 604-528-5653; Email: [admissions@jibc.ca](mailto:admissions@jibc.ca)**

The Justice Institute of British Columbia respects your privacy. Personal information that you provide is collected pursuant to federal and provincial privacy legislation. It is collected for the purpose of administering admissions, registration, education programs, financial assistance and awards, graduation and advancement, and for the purpose of statistical reporting to government agencies. If you have questions, please contact the Office of the Registrar at 604.528.5590.

If I am admitted to JIBC, I agree to familiarize myself with and abide by the most current policies of the Institute during my tenure as a student at the Institute.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_