



**Portland Fire Department
Headquarters
Office of the Chief of Department**



Physical Ability Test

ORIENTATION AND PRACTICE WAIVER

The candidate acknowledges that the orientation and practice program was made available on an equal basis and indicates that the candidate expressly waives, on a knowing and voluntary basis, the opportunity to participate in the orientation and practice program.

- I waive my opportunity to participate in the orientation and practice programs.
- I would like to participate in the Orientation programs
- I would like to participate in the Practice programs.

Print Candidate's Name

Signature of Candidate

Date

Email (Optional)

Please Return To:

**Training Captain
Portland Fire Department
380 Congress St
Portland, ME 04101**