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# FIRE ACADEMY APPLICATION

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# Sandhills

COMMUNITY COLLEGE

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Dear Prospective Student:

Thank you for your interest in the Fire Training Academy at Sandhills Community College. We have a team of highly qualified, experienced and dedicated instructors who are committed to meeting your educational needs and professional development. Collectively and individually, they will assist you in establishing a competent, confident and complete sense of preparedness for your future in the fire service arena throughout North Carolina.

The Sandhills Fire Academy delivery is designed to provide you with your Firefighter I/II and HazMat Materials Ops Certification, as well as the following additional certifications: Technical Rescuer and EMT-Basic. The curricula for these programs are reviewed and approved by the NC Office of the State Fire Marshal, NC Office of EMS and the NC Community College System. All administrative matters are handled through Sandhills Community College.

The Sandhills Fire Academy curriculum consists of three main classes with multiple blocks of instruction for each class. Many of the blocks have practical skill elements and each block of instruction is concluded with a practical and cognitive testing instrument. A cadet must successfully complete all practical and cognitive skill testing in each and every block of instruction prior to certification as a Firefighter. The EMT-Basic portion of the academy prepares a student to sit for the state certification exam for EMT-Basic.

Persons interested in enrolling in the Fire Academy should turn in their packet as early as possible to ensure Academy has sufficient enrollment. Completed application packets with school coordinator confirmation are processed based on the order they are received. Students will be notified of their application and/or acceptance status as they are reviewed. Classes will be held Monday through Thursday from 8:30 am until 5:00 pm and Friday 8:30 am to 4:00 pm with some exceptions for training that requires alternate time frames.

The completed application, including completed physical examination, needs to be submitted to Hannah Butner at Sandhills Community College. The packet may be delivered to Sandhills Community College in person or mailed to Sandhills Community College, Attention: Hannah Butner at 3395 Airport Road, Pinehurst, NC 28374.

**THE ENTIRE PACKET MUST BE COMPLETED**

Several documents, with a better insight into the academy, have been included with this packet. Should you have further questions, please contact:

Richard Allred 910.695.3774, [allredri@sandhills.edu](mailto:allredri@sandhills.edu) or,  
Hannah Butner 910.695.3776, [butnerh@sandhills.edu](mailto:butnerh@sandhills.edu)

Good luck, and we look forward to seeing you on the first day of the academy.

Sincerely,

***Hannah Butner***

Coordinator, Public Support Operations  
Sandhills Community College



# Sandhills

COMMUNITY COLLEGE

## Fire Academy

### ESTIMATE OF EXPENSES

1. Tuition cost plus tech fees for the Fire Academy:	
Firefighter I & II and HazMat Materials Ops	\$185.00*
Firefighter Supplemental (Moodle class)	\$130.00*
Rapid Intervention Crew	\$75.00*
Technical Rescuer	\$185.00*
EMT-Basic	\$185.00*
EMT Clinical fee	<u>\$180.00</u>
	\$940.00

**\*Cadets may be eligible for a fee waiver based on their membership with a North Carolina fire department.**

**\*\*Other scholarships may also be available for students- please contact Hannah Butner for more information.**

2. Textbooks:
- BU-NC Vol Firefighter w/HM & First Aid Bundle*  
ISBN-13: 9781284207552  
Approximately \$125.00
  - Emergency Care, 14<sup>th</sup> Edition*  
ISBN-13: 9780135379134  
Approximately \$150.00

3. Student Activity Fee = \$2.50

4. Fire Academy Uniforms\* & PT Gear = \$200.00

\*You are responsible for purchasing pants and shoes that meet provided guidelines.

5. Turnout Gear Rental = \$500.00 (if not affiliated with a fire department)

\*Can provide information for Gear Rental if needed.



# Sandhills Fire & Rescue

Sandhills Community College Continuing Education Public Safety Department

## Fire Academy Application Requirements:

1. Completed and signed Fire Academy Application and Personal History Statement
2. Photocopy of your driver's license
3. Photocopy of your birth certificate (a hospital birth certificate is not valid)
4. Photocopy of your High school diploma or equivalent (GED, HiSet, etc)
5. *Medical History Statement* (attached) completed by applicant, showing your accurate and true physical condition to the best of your knowledge. This information must be current within 120 days of the course delivery
6. *Medical Examination Report* (attached) completed and signed by a physician to verify that the applicant is physically able to participate in rigorous physical fitness training. **This information must be current within 120 days of the course delivery.**

The Sandhills Community College Fire Academy will accept the first twenty (20) completed applications. The criteria used for acceptance or denial is based on successful completion of application, medical forms, copy of high school transcript, and the submission of all other required materials. Therefore, each applicant is advised to be as neat, precise and thorough when completing their application as possible. Priority considerations will be provided to firefighters that are currently employed with a local, county, or state government agency.

**Minimum enrollment of 10 students required at least 1 month prior to program start date.**

# Applicant Information



## Student Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Nickname or Aliases: \_\_\_\_\_ Student Id#: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

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City State ZIP Code

Previous Address if at above address less than 5 years:

\_\_\_\_\_ Apartment/Unit # \_\_\_\_\_  
Street Address

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City State ZIP Code

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_

**Email (REQUIRED):** \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Age: \_\_\_\_ Birth Date: \_\_\_\_\_

Gender:  M  F      Race:  American/Alaska Native  Asian  Black/African American  White  
 Hispanic/Latino  Hawaiian/Pacific Islander

US Citizen? \_\_\_Yes \_\_\_No      Driver's License Number/State: \_\_\_\_\_

Have you ever been convicted of a crime, including misdemeanors? \_\_\_Yes \_\_\_No

Are you currently affiliated with a fire or rescue department? \_\_\_Yes \_\_\_No

If yes, list department affiliation: \_\_\_\_\_

**Application must include the following documents:**

- \_\_\_ Copy of your high school diploma or equivalent (GED, HiSET...)
- \_\_\_ Copy of your birth certificate
- \_\_\_ Copy of your driver's license
- \_\_\_ Completed Personal History Statement
- \_\_\_ Completed Medical History Statement (must be signed by a qualified medical professional)
- \_\_\_ Completed Medical Examination Report (must be signed by a qualified medical professional)

**I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for the SCC Fire Academy as may be necessary in arriving at an acceptance to the academy. In the event of acceptance, I understand that false or misleading information given in my application or interview may result in discharge from the academy. I understand that I am required to abide by all policies and procedures of Sandhills Community College.**

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

# Personal History Statement

Briefly explain why you want to work in the fire service:

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I am applying for the (please circle one):    January Academy            July Academy

## Education

Highest Level of Education\*:     High School Diploma     GED or HiSet Diploma     Adult HS  
 One Year Vocational Diploma     Associate Degree     Bachelor's Degree  
 Master's Degree or Higher

**\*Minimum of High School diploma or High School Equivalency required for certification.**

**Indicate below the schools you have attended. Include completed and incomplete courses.**

	Name of School and Location (City and State)	Dates Attended From – To (Month & Year)	Hours of Credits Received	Type of Degree Attained
High School				
University or College				

## Employment

Current Employment Status:

- Full-Time  Part-Time  Retired  Unemployed (not seeking)  Unemployed (seeking)

**List all the jobs you have held in the last ten years. List your present or most recent job first.**

<b>Name and Address of Employer:</b> _____
Number of Hours Worked per Week: _____ Dates Employed: Month/Year ____/____ to Month/Year ____/____
Duties: _____
Reason for Leaving: _____

<b>Name and Address of Employer:</b> _____
Number of Hours Worked per Week: _____ Dates Employed: Month/Year ____/____ to Month/Year ____/____
Duties: _____
Reason for Leaving: _____

<b>Name and Address of Employer:</b> _____
Number of Hours Worked per Week: _____ Dates Employed: Month/Year ____/____ to Month/Year ____/____
Duties: _____
Reason for Leaving: _____

<b>Name and Address of Employer:</b> _____
Number of Hours Worked per Week: _____ Dates Employed: Month/Year ____/____ to Month/Year ____/____
Duties: _____
Reason for Leaving: _____

<b>Name and Address of Employer:</b> _____
Number of Hours Worked per Week: _____ Dates Employed: Month/Year ____/____ to Month/Year ____/____
Duties: _____
Reason for Leaving: _____

**Explain periods of unemployment of three months or more:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Military Service**

List all unit assignments you have held in the last ten years. Start with the most recent first.

Branch: \_\_\_\_\_ Unit: \_\_\_\_\_ Dates of Service: Month/Year \_\_\_/\_\_\_ to Month/Year \_\_\_/\_\_\_  
Location: \_\_\_\_\_ Highest Rank achieved: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Branch: \_\_\_\_\_ Unit: \_\_\_\_\_ Dates of Service: Month/Year \_\_\_/\_\_\_ to Month/Year \_\_\_/\_\_\_  
Location: \_\_\_\_\_ Highest Rank achieved: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Branch: \_\_\_\_\_ Unit: \_\_\_\_\_ Dates of Service: Month/Year \_\_\_/\_\_\_ to Month/Year \_\_\_/\_\_\_  
Location: \_\_\_\_\_ Highest Rank achieved: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Branch: \_\_\_\_\_ Unit: \_\_\_\_\_ Dates of Service: Month/Year \_\_\_/\_\_\_ to Month/Year \_\_\_/\_\_\_  
Location: \_\_\_\_\_ Highest Rank achieved: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**Disclaimer and Signature**

I, (PRINT NAME) \_\_\_\_\_, do, herewith, attest that I have read and answered the questions above with complete understanding and honesty. I further acknowledge and understand that any information omitted or found to be untrue can be cause for denial of entry to, or immediate removal from the Fire Academy Training program at Sandhills Community College.

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





## MEDICAL HISTORY STATEMENT

**PAYMENT FOR SERVICES RENDERED IS THE RESPONSIBILITY OF THE INDIVIDUAL**

### INSTRUCTIONS:

To be completed by applicant for a certifiable position prior to the physical examination and presented to the examining qualified medical professional (Physician, Physician's Assistant, or Nurse Practitioner licensed to practice medicine in North Carolina), or Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces, at the time of examination [12 NCAC 9B .0104(a)]. All questions must be answered completely and accurately. The original or a copy must be retained in personnel files by the school coordinator.

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### CURRENT MEDICATIONS

Prescription Medications: (Include pain relievers, birth control pills, etc.)

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Over the Counter Medications: (Include all cold allergy, headache, vitamins, supplements, herbal remedies, etc.)

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### ALLERGIES

Drug Allergies: (Include your reaction to the medication)

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All Other Allergies: food, insects, seasons, animals, materials, etc. (Include reaction)

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### FAMILY HISTORY

Have any of your parents, brothers, or sisters suffered from: [check all that apply]

- Diabetes?  Arthritis?  
 Heart problems?  High blood pressure?  
 Neurologic or psychological problems? (Seizures, depression, schizophrenia, etc.)

(Continued)

**PAST MEDICAL HISTORY**

List ALL hospitalizations and operations since childhood:

Hospitalization/Type of Surgery	Date	Complications/Other Significant Information

Have you ever had any of the following types of medical problems? [check all that apply to you]

- 1. **CANCER:** any type of cancer including skin cancer, breast cancer, and leukemia?
- 2. **MAJOR INFECTIOUS DISEASE:** such as tuberculosis, hepatitis, HIV/AIDS, rheumatic fever and others?
- 3. **NEUROLOGICAL PROBLEMS:** such as seizure disorder, stroke, concussion, severe headache, skull fracture, recurrent vertigo, balance problems, encephalitis, meningitis, tremors, multiple sclerosis, Huntingtons chorea, peripheral neuropathy and others?
- 4. **PSYCHOLOGICAL PROBLEMS:** such as depression, manic episodes, psychotic episodes, post traumatic stress disorder and others?
- 5. **EYE PROBLEMS:** such as eye injury, color blindness, poor night vision (night blindness), glaucoma, blindness in one or both eyes, very poor vision when not corrected and others?
- 6. **EAR PROBLEMS:** such as ear injury, chronic ringing (tinnitus), chronic or long lasting ear infection, Menieres disease, moderate to severe hearing loss in one or both ears and others?
- 7. **NOSE PROBLEMS:** such as nose injury, allergies, nasal bleeding, loss of sense of smell, chronic or long lasting infections and others?
- 8. **MOUTH OR THROAT PROBLEMS:** such as injury, major dental work, any kind of speech defect, chronic or long lasting infections, abnormality of nose, mouth or throat that would interfere with wearing a respirator and others?
- 9. **LUNG PROBLEMS:** such as asthma, emphysema, chronic or recurrent bronchitis, pneumonia, tuberculosis or lung abscess and others?
- 10. **HEART AND CIRCULATION PROBLEMS:** such as heart murmur, heart disease, heart attack, hypertension (high blood pressure) irregular rhythm, valve abnormalities, varicose veins, phlebitis, peripheral vascular disease, Raynaud=s disease and others?
- 11. **DIGESTIVE SYSTEM PROBLEMS:** such as any kind of ulcer disease, hepatitis or liver disorder, any kind of colitis, Crohns disease, ulcerative colitis, irritable bowel syndrome, esophageal disorders, pancreatitis, gall stones, stomach or intestinal bleeding and others?
- 12. **HORMONE OR ENDOCRINE PROBLEMS:** such as diabetes, thyroid disease, parathyroid or adrenal problems and others?
- 13. **URINARY TRACT PROBLEMS:** such as kidney stones, pyelonephritis (kidney infection), nephrosis, single functioning kidney, polycystic kidney disease, repeated bladder infections and others?
- 14. **HERNIA:** such as inguinal, umbilical, ventral, femoral, hiatal or incisional hernias?
- 15. **MUSCLE, BONE AND JOINT PROBLEMS:** such as chronic back or neck pain, numbness fibromyalgia, back or neck disk disease, osteomyelitis (bone infection), muscular dystrophy, arthritis, spinal curvature, carpal tunnel syndrome loss of a finger or toe, and others?
- 16. **BLOOD SYSTEM PROBLEMS:** such as anemia, hemophilia or bleeding disorder, white blood cell abnormality and others?

**MALES ONLY:**

- 17. Prostate problems such as enlargement or prostatitis?
- 18. Genital problems such as epididymitis or testicular injury?

(Continued)

## **FEMALES ONLY**

- 19. Currently pregnant?
- 20. History of endometriosis, pelvic inflammatory disease, abnormal Pap smear, PMS or other problem with your menstrual cycle?

## **IMMUNIZATIONS**

- 21. Have you ever had a positive TB test?
- 22. Have you received Hepatitis B vaccinations?
- 23. When did you receive your last tetanus (lockjaw) immunization?

## **OCCUPATIONAL HISTORY**

**Have you ever been exposed to any of the following, whether at home, work, military or any other setting?  
[check all that apply]**

- 24. Repetitive Loud Noises (Including guns, jet engines, loud machinery)?
- 25. Chemical exposure to skin or lungs?
- 26. Dusty conditions (sandblasting, grinding, mining or drilling of rock, coal, silica, asbestos)?

### **Check all YES answers:**

- 27. Have you ever sustained an injury while at work that necessitated extended care by a health care provider?
- 28. Have you ever had a motor vehicle accident or other injury event causing back or neck pain?
- 29. Are you limited or unable to perform any physical activity because of muscle or joint discomfort?
- 30. Do you have any missing limbs or non-functional joints?
- 31. Do you have numbness, weakness, or pain in your upper extremities (including your hands)?
- 32. Have you ever been advised by a physician to avoid sitting or standing over a certain time?
- 33. Have you ever worked in law enforcement?
  - 33a. If yes, have you ever missed more than three consecutive days of work for any medical or psychological problem?
- 34. Have you ever served in any of the armed forces?
  - 34a. If yes, have you ever missed more than three consecutive days of service for any medical or psychological problem?
- 35. Do you have any medical condition that would prevent you from working extended shift periods, rotating shifts, or night shifts?
- 36. Do you have difficulty sitting for any extended period of time?
- 37. Have you ever been advised by a physician to avoid lifting above a certain weight limit?
- 38. Do you have any difficulty in properly holding, aiming or firing a handgun, rifle or shotgun?
- 39. Do you have any difficulty driving at high speeds in a motorized vehicle?
- 40. Have you ever had an automobile accident while driving over sixty (60) miles per hour?
- 41. Have you ever had any automobile accidents as a result of losing control of your vehicle?
- 42. Do you have any difficulty driving for three (3) consecutive hours without stopping?
- 43. Do you have any difficulty running for five (5) consecutive minutes without stopping?
- 44. Have you ever passed out, temporarily lost control of any part of your body, or had blackout spells (episodes you do not remember)?

**EXPLANATION OF ANY YES ANSWERS:** (Identify by number)

Additional pages may be attached and must include your name, the last four digits of your social security number, and must be signed and dated.

Question#	Explanation

**PENALTY:**

Any falsification, withholding or failure to answer all questions completely and accurately may be cause for denial of entry to, or immediate removal from the Fire Academy Training Program at Sandhills Community College.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**QUALIFIED MEDICAL PROFESSIONAL REVIEW:**

\_\_\_\_\_  
Signature of Qualified Medical Professional  
(Use Ink)

\_\_\_\_\_  
Date Reviewed

\_\_\_\_\_  
Name, Title and Address of qualified medical professional completing review – PLEASE TYPE.



## MEDICAL EXAMINATION REPORT

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS.  
PAYMENT FOR SERVICES RENDERED IS THE RESPONSIBILITY OF THE INDIVIDUAL

### **INSTRUCTIONS:**

To be completed by a qualified medical professional (Physician, Physician's Assistant, or Nurse Practitioner licensed to practice medicine in North Carolina, or Physician and/or Surgeon authorized to practice medicine in accordance with the rules and regulations of the U.S. Armed Forces, [12 NCAC 9B .0104(a)], following an actual physical examination. The school coordinator must retain the original or a copy of this report in personnel files.

DATE: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NAME: \_\_\_\_\_  
Last First Middle

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### **VISION**

Visual Acuity: **If applicant wears glasses or contacts, test and record acuity with and without glasses**

Without glasses: R - 20 / \_\_\_\_\_ L- 20 / \_\_\_\_\_ Both - 20 / \_\_\_\_\_

With glasses: R - 20 / \_\_\_\_\_ L- 20 / \_\_\_\_\_ Both - 20 / \_\_\_\_\_

Color Perception: " Normal " Abnormal: \_\_\_\_\_

Peripheral Vision: " Normal " Abnormal: \_\_\_\_\_

### **HEARING**

Hearing Acuity: " - Audiogram - or - " 15' whispered conversation (check one)

Right ear: " - Normal " - Abnormal: \_\_\_\_\_

Left Ear: " - Normal " - Abnormal: \_\_\_\_\_

### **CARDIOVASCULAR**

Blood Pressure: \_\_\_\_\_ Resting Pulse: \_\_\_\_\_

Cardiac Examination:  - Normal  - Abnormal: \_\_\_\_\_

Peripheral Circulation:  - Normal  - Abnormal: \_\_\_\_\_

ECG:  - Indicated by hx or exam: \_\_\_\_\_ (If resting pulse is less than 50 or greater than 100)

**(Continued)**

**ABNORMAL FINDINGS**

HEENT: \_\_\_\_\_

LUNGS: \_\_\_\_\_

ABDOMEN: \_\_\_\_\_

MUSCULOSKELETAL: \_\_\_\_\_

GENITOURINARY: \_\_\_\_\_

NEUROLOGICAL: \_\_\_\_\_

SKIN: \_\_\_\_\_

URINALYSIS  - Normal  - Abnormal: \_\_\_\_\_

TB SKIN TEST Millimeters of Induration \_\_\_\_\_

**Are there any conditions, physical, emotional or mental, which, in your opinion, suggest further examination?**

No  Yes

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you have any reservations about this candidate's ability to physically perform required duties?**

Firefighter duties may include but are not limited to heavy work requiring the employee to exert up to 100 pounds of force occasionally and less force frequently to move objects. Physical activity related to this position may include climbing, balancing, stooping, kneeling, crouching, crawling, reaching, standing, walking, pushing, pulling, lifting, fingering, grasping, feeling, talking, hearing, and repetitive motions. Sufficient visual acuity is required to operate machinery and perform skilled tasks of a non-repetitive nature. An employee in this position will be exposed to indoor and outdoor environmental conditions including extreme heat and cold; subject to hazards including exposure to working mechanical parts, electrical currents, and exposure to chemicals; subject to fumes, odors, dusts, mists, gases, or poor ventilation; subject to exposure to oils and cutting fluids; required to wear a respirator; and may be subject to frequently working in close quarters.

No  Yes

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Qualified Medical Professional

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Address of Qualified Medical Professional

# Uniform Information

Your Uniform and PT Gear package is \$200.00 and includes:  
 1 Polo shirt, 1 Job Shirt, 5 T-Shirts, 2 Shorts, 1 hat and 1 toboggan.

You will be required to wear your Fire Academy T-Shirt and uniform pants daily. You are responsible for purchasing navy tactical gear pants (see links below). The Polo shirt will be worn periodically as directed by your instructor. During colder months, you will be required to wear your job shirt as opposed to a personal coat. Additionally, you are required to purchase and wear daily black socks and black boots (polishable, non-steel toe).

Additional items must be paid for prior to the first day of class.  
 Please indicate your sizes and if you would like additional items:

Sizes (S, M, L, XL, 2XL) \_\_\_\_\_ Polo, \_\_\_\_\_ T-Shirt, \_\_\_\_\_ Job Shirt, \_\_\_\_\_ Shorts

	<b>Size Format</b>	<b>Estimated Cost</b>	<b># of extra items</b>	<b>Amount Due</b>
T-Shirt	(S-XL)/ (2XL)	\$8.00/\$9.00		
Job Shirt	(S-XL)/ (2XL)	\$48.00/\$52.00		
Shorts	(S-XL)/ (2XL)	\$19.00/\$20.00		
	Subtotal			
	Tax (subtotal x .07)			
	<b>Total</b>			<b>\$</b>

Link to female pants:

[https://www.amazon.com/5-11-Womens-TACLITE-Tactical-Regular/dp/B002VZYRIS/ref=sr\\_1\\_5?dchild=1&keywords=navy+blue+tactical+pants+ems&qid=1635365489&qsid=134-7612865-9214646&sr=8-5&sres=B002VZYRIS%2CB001LZ43AQ%2CB004DSVH5C%2CB077XNHZKL%2CB074Z5CN48%2CB01M2Y2452%2CB003U5HJ1A%2CB001V2QZ3C%2CB00CLBI5U8%2CB00D077OLI%2CB001VIN1NI%2CB07BHBG761%2CB004UOHS0%2CB07BWWZRH9%2CB077XNNWNH%2CB01CF3NTK2%2CB004DT0MO8%2CB01M4JZ3VO%2CB002JGQO1W%2CB06XS49G5S&srpt=PANTS](https://www.amazon.com/5-11-Womens-TACLITE-Tactical-Regular/dp/B002VZYRIS/ref=sr_1_5?dchild=1&keywords=navy+blue+tactical+pants+ems&qid=1635365489&qsid=134-7612865-9214646&sr=8-5&sres=B002VZYRIS%2CB001LZ43AQ%2CB004DSVH5C%2CB077XNHZKL%2CB074Z5CN48%2CB01M2Y2452%2CB003U5HJ1A%2CB001V2QZ3C%2CB00CLBI5U8%2CB00D077OLI%2CB001VIN1NI%2CB07BHBG761%2CB004UOHS0%2CB07BWWZRH9%2CB077XNNWNH%2CB01CF3NTK2%2CB004DT0MO8%2CB01M4JZ3VO%2CB002JGQO1W%2CB06XS49G5S&srpt=PANTS)

Link to male pants:

[https://www.amazon.com/5-11-Taclite-Tactical-74273-34Wx30L/dp/B001LZ43AQ/ref=sr\\_1\\_6?dchild=1&keywords=navy+blue+tactical+pants+ems&qid=1635365489&qsid=134-7612865-9214646&sr=8-6&sres=B002VZYRIS%2CB001LZ43AQ%2CB004DSVH5C%2CB077XNHZKL%2CB074Z5CN48%2CB01M2Y2452%2CB003U5HJ1A%2CB001V2QZ3C%2CB00CLBI5U8%2CB00D077OLI%2CB001VIN1NI%2CB07BHBG761%2CB004UOHS0%2CB07BWWZRH9%2CB077XNNWNH%2CB01CF3NTK2%2CB004DT0MO8%2CB01M4JZ3VO%2CB002JGQO1W%2CB06XS49G5S&srpt=PANTS](https://www.amazon.com/5-11-Taclite-Tactical-74273-34Wx30L/dp/B001LZ43AQ/ref=sr_1_6?dchild=1&keywords=navy+blue+tactical+pants+ems&qid=1635365489&qsid=134-7612865-9214646&sr=8-6&sres=B002VZYRIS%2CB001LZ43AQ%2CB004DSVH5C%2CB077XNHZKL%2CB074Z5CN48%2CB01M2Y2452%2CB003U5HJ1A%2CB001V2QZ3C%2CB00CLBI5U8%2CB00D077OLI%2CB001VIN1NI%2CB07BHBG761%2CB004UOHS0%2CB07BWWZRH9%2CB077XNNWNH%2CB01CF3NTK2%2CB004DT0MO8%2CB01M4JZ3VO%2CB002JGQO1W%2CB06XS49G5S&srpt=PANTS)

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

Phone #: \_\_\_\_\_