

Attachment 1

Fire Training Center Request Form

Section 1

Name of Department: _____ Date: _____

OIC: _____ Phone:(H) _____
(W) _____

Date requested for training: _____ Time start: _____
End: _____

Section 2

Please describe training objective and methods to be used:

Section 3

Facilities to be used: (Check all which apply)

Steel Burn Building _____ Training Grounds _____

This completed form should be faxed to 518-295-2277, mailed or delivered to the Fire Coordinator 2783 State Route 7 Cobleskill, NY 12043

1 week prior to training if no live fire training is being conducted.

Whenever possible--2 weeks prior to training if you plan on conducting live fire training.