

# PUTNAM COUNTY BUREAU OF EMERGENCY SERVICES

PHONE (845) 808-4000 FAX (845) 808-4010

## TRAINING CENTER REQUEST FORM

DEPARTMENT NAME: \_\_\_\_\_

DATE REQUESTED: \_\_\_\_\_ TIME: \_\_\_\_\_

OFFICER IN CHARGE: \_\_\_\_\_ Phone # \_\_\_\_\_

TRAINING CENTER TECHNICIAN: \_\_\_\_\_

EVOLUTION TO BE USED (circle all that apply):

MASK CONFIDENCE

TOWER

COMPRESSOR

ROOF SIMULATOR

DRAFTING/PUMP

CONFINED SPACE

\*\*PROPANE

\*\*FLASHOVER

\*\*BURN BUILDING

\*\*A COUNTY FIRE INSTRUCTOR MUST BE PRESENT FOR THIS EVOLUTION.

NAME OF COUNTY INSTRUCTOR \_\_\_\_\_

IF YOU ARE UNABLE TO CONTACT A COUNTY FIRE INSTRUCTOR, CALL THE BUREAU AND THEY WILL CONTACT ONE FOR YOU.

*Bureau of Emergency Services - Office Use Only -- Please do not mark* Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Commissioner

Denied by: \_\_\_\_\_ Reason: \_\_\_\_\_

Copy to Fire Department/Ambulance Corp. \_\_\_\_\_

Copy to – Car 8, Training Center Coordinator \_\_\_\_\_

Copy to Zone Coordinator: \_\_\_\_\_

2/8/05