LOCAL LEVEL FIRE/HAZMAT AND EMERGENCY SERVICES COURSE APPLICATION
PENNSYLVANIA STATE FIRE ACADEMY ACCREDITED AND BC3 COURSES

This form must be completed and **sent** to **Butler County Community College, Public Safety Training, P.O. Box 1203, Butler, Pa. 16003-1203. An Invoice will be sent for payment.** The application must be received a minimum of 6 weeks prior to the proposed first day of course. **If a class does not run, and BC3 or Instructor is not notified, Host department is responsible for all instructor expenses.**

To be Completed by requesting Fire/Hazmat or Emergency Services Agency requesting course

Course Title:		Course Code: Course Hrs.
Dept./Agency Name:		Con Ed:
Contact Person:	Evening Ph	County:
Email Address:	Day Ph	Evening Ph:
Contact Person Mailing Address:		
Name of Proposed Instructor:		Instructor Contacted:
Day Ph:	Evening Ph:	Email

Indicate dates, times and hours of course starting with the first day of class and ending with the last day of course.

Date:	Start Time	End Time	Hours
		Total Course Hours:	

Physical and Mailing Address of Class - must be completed

Department/Agency Name:

P.O. Box Number:

Street Address and Number:

City, State, Zip Code :

Are you a Preferred Training Partner: YES _____No _____

Comments or Questions: Class Fee:

Name and mailing address for person that Certificates should be mailed to:

Name: Address:

Instructor's Names and Hours		For College Use Only
Lead Instructor Name:	Instr. Hours	Salary_____Expense:Yes_____ No
Asst. Instructor Name:	Instr. Hours	Salary_____Expense:Yes_____ No
Asst. Instructor Name:	Instr. Hours	Salary_____Expense:Yes_____No
Asst. Instructor Name:	Instr. Hours	Salary_____Expense:Yes_____No
Asst. Instructor Name:	Instr. Hours	Salary_____Expense:Yes_____No
Asst. Instructor Name:	Instr. Hours	Salary_____Expense:Yes_____No
Asst. Instructor Name:	Instr. Hours	Salary_____Expense:Yes_____No_

_____ Authorized Signature

_____ Title

Date

_____ Fire/Hazmat Training Coordinator

_____ Date