

REQUEST FOR TRAINING

ILLINOIS FIRE SERVICE INSTITUTE
11 GERTY DRIVE
CHAMPAIGN, IL 61820
PH: 217.333.3800 | FAX: 217.244.6790

Please complete all fields. Print clearly.

Sponsoring Fire Department/Fire District/Agency/Organization

Mailing Address

City, State, Zip

County

Physical Address of where the training will take place

City, State, Zip

County

Chief/Training Officer/Department Head

Department Phone

Contact Person (including Rank/Title)

Phone

Email Address

Type of Training Requested (please check one box):

- | | |
|--|--|
| <input type="checkbox"/> Firefighting | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Rescue | <input type="checkbox"/> Leadership Development and Decision Making (LDDM) |
| <input type="checkbox"/> Fire Investigation/Prevention | <input type="checkbox"/> National Incident Management Systems (NIMS) |
| <input type="checkbox"/> Hazardous Materials | <input type="checkbox"/> Fire Officer |

Description of Training Requested:

Please use a specific course name as found on the IFSI course website or describe the specific type of training you are requesting as descriptively as possible.

Credit towards Certification:

- Desired
 NOT Desired

Class Minimum/Maximum:

Indicate your 1st, 2nd and 3rd choices for preferred start and end dates (and times) for the requested class. Dates may be subject to change depending on instructor availability.

	Start Date (MM/DD/YYYY):	End Date (MM/DD/YYYY):	Time:
Option 1:			
Option 2:			
Option 3:			

FOR OFFICE USE ONLY:

Date Received: _____

F.P. #: _____

Return Original Form to:

Illinois Fire Service Institute
11 Gerty Drive | Champaign, Illinois 61820

Phone: 217.333.3800 / 800.437.5819

Fax: 217.244.6790

The regulations on Page 2 of this form have been read and we hereby agree to these requirements.

Date: _____ Signature/Title: _____

over 

TRAINING REQUIREMENTS:

1. Fire department requesting training agrees that the class being hosted is the primary function of the class date(s). This eliminates distractions and allows the students to learn with a minimum of interruptions. For in-service companies, try to provide a mechanism to allow their full participation in the class.
2. Fire departments hosting the training session will provide an officer as liaison between the fire department and the class instructor. This officer will assist the instructor in the coordination of any class activities.
3. The host department agrees to allow enrolled students the use of apparatus, equipment and appliances as may be necessary for the class operation. The host department will supply tables and chairs. The host department will make arrangements or provide access to any specialized facilities that may be needed to conduct the class/course.
4. Members of a fire department or other appropriate official emergency response agency are eligible to enroll, provided proper insurance coverage is provided for the individual by the organization he/she represents. All students who participate in any hands-on and live-fire evolutions must be at least 18 years of age, and are required to sign an acknowledgment of conditions. Students between the ages of 16 and 18 years of age can sit in on lectures and observe activities from a safe distance. No student younger than the age of 16 years will be enrolled or allowed to participate in training sessions.
5. For those departments wanting information on certification contact:
Office of the State Fire Marshal
1035 Stevenson Drive
Springfield, Illinois 62703-4259
Telephone: (217) 782-4542