

Department of Community Affairs
 Division of Fire Safety
 Office of Training & Certification
 P.O. Box 809
 Trenton, NJ 08625-0809

Phone: (609) 777-3552
 Fax: (609) 341-3469

Fire Service Training

Course Delivery Form

Received: _____
 Approve: _____
 Exam #: _____

Office Use Only

Eligible Organization Information
Course Information

Note: The Division of Fire Safety requires two weeks to create course codes and relay those codes back to the EO. Exam dates should provide sufficient time for Kean University staff to grade exams, for Division staff to review the test results and to forward exam results back to the EO.

1. Coordinator's Name: _____
 Phone Number: _____
 Fax Number: _____

2. Organization Name: _____

3. Organization Number: E ___ ___ ___ ___ ___

4. Facility Number: F ___ ___ ___ ___ ___

5. Lead Instructor & ID: _____

6. Name of Course: _____ Hours _____

7. Scheduling:

Start Date: _____

End Date: _____

Times: _____

8. Number of Students: _____

9. Please provide the exam dates if you are offering a Challenge Exam; or written exams for the following programs:
 Firefighter, Hazmat, Fire Instructor or Fire Officer.

	<u>Exam Date</u>	<u># of Exams</u>
Final Exam Date:		
Re-Exam Date:		
HM Exam Date:		
HM Re-Exam Date:		

_____ *Eligible Organization Authorized Signature* _____ *Date*