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

Phone: FAX:

(609) 777-3552 (609) 341-3469

Training Facility

Application Form



| 1. | Application: | New | | For Official Use Only | | | |
|----|--|--------------------------------|---|-----------------------|--------------|-----|--|
| 1. | | Update | | Date Receiv | | | |
| 2. | Eligible Organization Name: | | Muni Code: Problem: | Returned | | | |
| ۷. | | | | Received | | | |
| | Eligible Organization Number: | | Approved: Approved B | By: | | | |
| 3. | Type of Facility (Check all that apply): | | For Of | ficial Use | Only - Notes | | |
| | | | | | | , , | |
| | | Live Bu | om rn Class A (combustibles) rn Class B (<i>LPG</i> , natural gas, ble & combustible liquids) | | | | |
| | | Vehicle Class B Fire Ext | Smokehouse/Maze Fire | | | | |
| | | | s (State Types). | | | | |
| | | | | | | | |
| | | | | | | | |
| 4. | Facility Name: | | | | | | |
| | Mailing Address: | | | | | | |
| | Mailing Address: | | | | | | |
| | Physical Address: | | | | | | |
| | Thysical Madress. | | | | | | |
| | | | | | | | |
| | O N | | | | | | |
| | Owner Name: Owner Address: | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | Contact Person: | Phone: | | | | | |
| | | Note: | Contact person may be a person | | | | |
| | | | other than the facility representative. | | | | |
| 5. | Facility Rep: | Dhono | | | | | |
| | | Phone: | | | | | |
| | Facility Rep Signature: | | | | | | |
| | | | | | | | |
| | | | Signature | | | | |
| | | | | | | | |

APPLICATION FORM INSTRUCTIONS

Note: Please type or print clearly on the application form. A permit will not be issued unless documentation is received and validated. Incomplete applications will be returned.

Section

- 1. Indicate if the application is for a new training facility or to update existing facility information.
- 2. Provide your Eligible Organization Name and ID number (if known).
- 3. Indicate which type(s) of training will be conducted at this facility.
- 4. Provide the facility name, facility mailing and physical addresses, facility owner's name and address, and contact person and phone number. Please note that the contact person may be a person other than the facility representative.
- 5. Provide the facility representative's name and phone number. The facility representative must sign and date the application form.

Forward the completed application form to:

Division of Fire Safety Office of Training and Certification P.O. Box 809 Trenton, NJ 08625-0809

Note: Questions on training issues should be directed to the staff of the Office of Training and Certification at (609) 777-3552 from 8:30 A.M. to 4:30 P.M., Monday through Friday.