# Fire Service Training

## Course Delivery Form

### Eligible Organization 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: ________________________________________________
   Email: _______________________________________________________
   Fax Number: __________________________________________________

2. Organization Name: _____________________________________________

3. Organization Number:  E   ___   ___   ___   ___   ___

4. Facility Number:  F   ___   ___   ___   ___   ___

5. Lead Instructor Name: __________________________________________
   Inst. DFSID Number:  1   ___   ___   ___   ___   ___

6. Course/Exam Name: _____________________________________________
   Hours

7. Delivery Schedule:
   - Start Date: ________________________________________________
   - End Date: ________________________________________________
   - Times: __________________________________________________

8. Number of Students: ___________________________________________

9. Exams Requested
<table>
<thead>
<tr>
<th>Exam Date</th>
<th># of Exams</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Exam Date:</td>
<td></td>
</tr>
<tr>
<td>Retest 1 Date:</td>
<td></td>
</tr>
<tr>
<td>Retest 2 Date:</td>
<td></td>
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<tr>
<td>HM Exam Date:</td>
<td></td>
</tr>
<tr>
<td>HM Retest 1 Date:</td>
<td></td>
</tr>
<tr>
<td>HM Retest 2 Date:</td>
<td></td>
</tr>
</tbody>
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*Eligible Organization Authorized Signature*  
*Date*