

# Training Facility

## Application Form



### For Official Use Only

Date Received:	_____
Muni Code:	_____
Problem:	Returned Received
Approved:	_____
Approved By:	_____

### For Official Use Only - Notes

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1. Application:  New  
 Update

2. Eligible Organization Name: \_\_\_\_\_

Eligible Organization Number: \_\_\_\_\_

3. Type of Facility (Check all that apply):

- Classroom
- Live Burn Class A (*combustibles*)
- Live Burn Class B (*LPG, natural gas, flammable & combustible liquids*)
  
- Drill Tower
- SCBA Smokehouse/Maze
- Vehicle Fire
- Class B Pit
- Fire Extinguisher Training Mockups (State Types):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Facility Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Physical Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Owner Name: \_\_\_\_\_  
 Owner Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

*Note: Contact person may be a person other than the facility representative.*

5. Facility Rep: \_\_\_\_\_

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.*