

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

Phone: (609) 777-3552  
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# 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: \_\_\_\_\_  
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. 

<u>Exams Requested</u>	<u>Exam Date</u>	<u># of Exams</u>
Initial Exam Date:	_____	_____
Retest 1 Date:	_____	_____
Retest 2 Date:	_____	_____
HM Exam Date:	_____	_____
HM Retest 1 Date:	_____	_____
HM Retest 2 Date:	_____	_____

\_\_\_\_\_  
*Eligible Organization Authorized Signature*      *Date*