NIAGARA COUNTY EMERGENCY SERVICES NYS O.F.P.C. TRAINING COURSE REQUEST

						,		
SEMESTER: Winter	r Spri	ng 🔲 S	ummer	Fall	Pleas	se Neatly	Print All Info	
Fire Company/Department:					,			
Officer Requesting Course:								
Phone Number:								
Title:] Fire Chi	ef 🔲	Assistant C	hief [Training	Officer	
COURSE DETAILS:								
Course #:	Course Na	ame:						
Date You Would Like To Start C	ourse:		•					
NOTE: Take Seasonal Weather						t date of Co	ourses That Inc	lude
1.		On Exercise						
Day(s) of	Week:	SUN	MON.	TUE.	WED.	THU. L	FRISAT.	
Alternate Day(s) of Week:		☐ SUN	MON	TUE.	WED.	THU. [_FRI. □AT.	
Day or Evening:		☐ DAY	EVENII	NG				
Preferred Instructor:								
PLEASE NOTE:								
Please coordinate with your lo requesting the same course a		•	tion and ne	eighboring fi	re departr	ments - they	may be	
2. Course offerings are limited. F	Please see o	lescriptions	for NYS C	FPC Outrea	ach Progra	ams.		
3. Return this form by the stated Niagara County Emergency FAX: 716-438-3173		•			6 - Lockpo	ort NY 1409	5	
All students must pre-register office by the scheduled course			leting a Tr	aining Cour	se Applica	ation and ret	urning it to this	
Indicating a preferred instructor to course qualification and available		guarantee y	our choice	will be sele	cted to tea	ach. Instruct	ors are subject	
6. Please do not hesitate to cont	act this offic	e by phone	at: 716-43	8-3177 sho	uld you ha	ve any que	stions	
REQUEST DISPOSITION:		eduled [clined-No l	Decline				h other local requ Next Scedule	uest
COMMENTS:	•							