Illinois Fire Service Institute
REQUEST FOR TRAINING

Department/Organization Requesting Training (Please Print or Type):
_______________________________________________________________________

Sponsoring Fire Department/Agency/Organization
_______________________________________________________________________

Mailing Address          City                        State  County    Zip
________________________________________________________________________

Physical street address of the location the training will be held.
_________________________________________________(_____)________________

Chief/Training Officer/Department Head              Dept. Telephone Number
________________________________________________________________________

Contact person (including Rank / Title)                           Phone(s)                                                       Email Address
________________________________________________________________________

Type of Training Requested:    (Please Check One Box)

☐ Firefighting  ☐ Rescue  ☐ Fire Invest./Prev.  ☐ HazMat  ☐ Industrial  ☐ LDDM
☐ NIMS  ☐ Fire Officer

Description of Training Requested: (Please use a specific course name as found on the Illinois Fire Service Institute course web page or describe the specific type of training you are requesting as descriptively as possible.)
________________________________________________________________________

________________________________________________________________________

Credit towards Certification:   Desired    NOT Desired

Requested dates:  (Dates may be subject to change depending on instructor availability.)
1st Choice_________    2nd Choice ___________    3rd Choice ____________

Return Original Form to: Illinois Fire Service Institute
FSI Building
11 Gerty Drive
Champaign, Illinois 61820
Telephone: (217) 333-3800
(800) 437-5819
FAX: (217) 244-6790
Web Page: www.fsi.illinois.edu

THE REGULATIONS ON PAGE TWO OF THIS FORM HAVE BEEN READ AND WE HEREBY AGREE TO THESE REQUIREMENTS.

Date: ___________  Signature: ______________________________ Title: _______________

Fire Service Institute

Revised 02/16
1. Fire department requesting training agrees that the class being hosted is the primary function of the class date(s). This eliminates distractions and allows the students to learn with a minimum of interruptions. For in-service companies, try to provide a mechanism to allow their full participation in the class.

2. Fire departments hosting the training session will provide an officer as liaison between the fire department and the class instructor. This officer will assist the instructor in the coordination of any class activities.

3. The host department agrees to allow enrolled students the use of apparatus, equipment and appliances as may be necessary for the class operation. The host department will supply tables and chairs. The host department will make arrangements or provide access to any specialized facilities that may be needed to conduct the class/course.

4. Members of a fire department or other appropriate official emergency response agency are eligible to enroll, provided proper insurance coverage is provided for the individual by the organization he/she represents. All students who participate in any hands-on and live-fire evolutions must be at least 18 years of age, and are required to sign an acknowledgement of conditions. Students between the ages of 16 and 18 years of age can sit in on lectures and observe activities from a safe distance. No student younger than the age of 16 years will be enrolled or allowed to participate in training sessions.

5. For those departments wanting information on certification contact:
   Office of the State Fire Marshal
   1035 Stevenson Drive
   Springfield, Illinois 62703-4259
   Telephone: (217) 782-4542