



NCIAAI

Application for Training

Requesting Agency: _____

Address: _____

Point of Contact: _____

Office telephone: _____ Mobile telephone: _____

E-mail: _____

Type of Training Requested: (Check appropriate)

Basic Fire Investigation _____

Advanced Fire Investigation _____ Topic requested: _____

Requested Date(s): _____

Number of students Anticipated: _____

Location of classroom: _____

Local Community College (if involved): _____

Address: _____

Point of Contact: _____

Office telephone: _____ Mobile telephone: _____

E-mail: _____

Application for Training

Is the Community College or Technical Institute willing to financially assist with the course?

Yes_____ No_____

Has a suitable structure been secured for use during a live practical burn exercise?

Yes_____ No _____

If the answer to the previous question is no, is it anticipated that a suitable structure for use during a live practical burn exercise will be available by the date of delivery of the course?

Yes_____ No _____

Structure(s): Residential _____ Commercial _____

Address: _____

Please attach or forward a floor plan and exterior and interior photographs of the structure(s).

Fire Department for suppression: _____

Point of Contact: _____

Office telephone: _____ Mobile telephone: _____

I/We, the undersigned, acknowledge that I/We, have read and understand the NCIAAI Request for Training responsibilities/expectations. I/We, the undersigned, understand that said application for training will be evaluated by the NCIAAI Board of Directors and the NCIAAI Training and Education Committee and that all decisions as to acceptance and delivery or denial of the requested training are final. I/We, the undersigned acknowledge that the number, type and duration of training courses provided by and/or Co-Sponsored by the NCIAAI will be limited to the availability of quality instructors and the potential of conflict with training events produced and/or sponsored exclusively by the NCIAAI.

Signature of Individual Making the Application

Date

Signature of Head of Agency Making the Application

Date