



Request for the Delivery of Hazardous Materials And/or Related Fires Training

Department/Agency: _____

Address: _____ Phone: _____

City: _____ Zip Code: _____ County: _____

Is your Agency a Member of a Regional Response Team: Yes No

If Yes, What Response Team: _____

Does Your Agency have an Emergency Response Plan: Yes No

Does your Agency Participate in the Nevada-National Fire Incident Reporting System (NFIRS):
Yes No

Training programs may be subject to Nevada Administrative code (NAC) 477.325, in which the State Fire Marshal may charge for the costs associated with providing training programs.

Type of Service Requested:
(Mark all that Apply)

- | | |
|---|--|
| <input type="checkbox"/> Instructor | <input type="checkbox"/> Curriculum |
| <input type="checkbox"/> Research Material | <input type="checkbox"/> Other Course Material (Certification) |
| <input type="checkbox"/> Facility Fee | <input type="checkbox"/> Specialized HAZ Mat Course |
| <input type="checkbox"/> LP-Gas Live Fire Simulator | <input type="checkbox"/> West Wendover Live Fire Trailer |

Please detail your service request as checked above (attach additional sheets): _____

Requested By: _____ Title: _____

Date: _____

Chief or Designee Signature: _____ Date: _____

* Testing may be required for specific Levels of Hazardous Materials Certification. Refer to the Fire Service Standards and Training Committee, Professional Certification Procedure Manual.

Please Return Form to:
Training & Certification Bureau
107 Jacobsen Way
Carson City, NV 89701
sfmtraining@dps.state.nv.us