Nevada Department of Public Safety
STATE FIRE MARSHAL DIVISION

Training & Certification Bureau
Agency Course Delivery Approval

Department/Agency: _____

Address: _____ Phone: _____

City: _____ Zip Code: _____ County: _____

Location of course: _____

Course Lead Instructor: _____

Address of Lead instructor: _____

Course to be delivered:

Entry Level Firefighter	☐	NFPA/IFSAC Firefighter I	☐
Nevada Firefighter I	☐	NFPA/IFSAC Firefighter II	☐
Nevada Firefighter II	☐	Hazmat Operations	☐
Hazmat Awareness	☐	Other	☐

Course Materials used:

IFSTA	☐	Other	☐
IFSTA HAZMat 1st Resp.	☐		
Jones and Bartlett	☐		

Exemption to Nevada Standard: (please list): _____

Course Curriculum if other than Nevada Level Course: _____

Phase I Practical Skills Testing:

Location: _____ Date: _____

Expected Course Completion Date: _____

Person Responsible for Student Records: _____

During testing, the AHJ has primary responsibility to ensure the safety of all candidates, evaluators, and support staff. This includes adequate space for written and manipulative testing and compliance with applicable NFPA safety and health standards. It will be documented on the "Approval Request for Certification Testing" form.

Signature of Lead Instructor: _____ Date: _____

Fire Chief or Designee: _____ Date: _____

Please Return Form to:

Training & Certification Bureau
107 Jacobsen Way
Carson City, NV 89701
or
E-Mail: sfm@dps.state.nv.us
Fax to: (775) 684-7507