



State Fire Marshal Division

**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

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**

Fax Number 775-684-7507