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)

☐ Instructor  ☐ Curriculum
☐ Research Material  ☐ Other Course Material (Certification)
☐ Facility Fee  ☐ Specialized HAZ Mat Course
☐ LP-Gas Live Fire Simulator  ☐ 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: ___________________________

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