Reimbursement Request for Hazardous Materials Training Items

Department/Agency: ________________________________

Address: __________________________ Phone: ____________________

City: ________________ Zip Code: ________________ County: ________________

Type of Reimbursement Requested:
(Mark all that Apply)

☐ Equipment  ☐ Curriculum
☐ Consumable Items  ☐ Other Course Material
☐ Facility  ☐ Specialized HAZ Mat Training Material

Please detail your reimbursement request as checked above (attach additional sheets):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Requested By: ___________________ Title: ___________________ Date: ______________

Chief or Designee Signature: ___________________ Date: ______________

Note: All reimbursement requests will be reviewed by the Nevada State Fire Marshal for appropriateness. When submitting your reimbursement request, you will be required to provide original invoices, quotes and other documentation in order to expedite the reimbursement. This reimbursement is for Hazardous Material Training items only and is not to be used in the response to Hazardous Material or any other emergency incidents.

☐ Approve  ☐ Rejected  

State Fire Marshal Division

Please Return Form to:

Training & Certification Bureau
107 Jacobsen Way
Carson City, NV 89701
sfmtraining@dps.state.nv.us
Fax Number 775-684-7507