



## 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](mailto:sfmtraining@dps.state.nv.us)  
Fax Number 775-684-7507