



Washington State Patrol

STATE FIRE MARSHAL'S OFFICE

Serving Washington Since 1901



Fire Training Academy

Phone Number: (425) 453-3000 • E-Mail: FireTrainingAcademy@wsp.wa.gov • Fax: (425) 888-3060

Training Request

TRAINING INFORMATION

Training Requested	<input type="checkbox"/> Fire Control 1	<input type="checkbox"/> Multiple Company Operations	<input type="checkbox"/> Search and Rescue
	<input type="checkbox"/> Flammable Liquids	<input type="checkbox"/> Other _____	
Estimated No. of Students _____	Estimated No. of Total Personnel (including students) _____		
Live Fire Training <input type="checkbox"/> Yes <input type="checkbox"/> No	Any Participants Under 18 Years Old? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Whose curriculum will you be using? <input type="checkbox"/> Fire Training Academy	<input type="checkbox"/> Your Department/Agency		
<input type="checkbox"/> Other _____			
Explosives, Firearms, or Other Loud Sounding Training? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Hazardous Materials Used <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please advise hazardous materials being used:</i>			

Training Date _____	**Please note, we accept only <u>ONE</u> request form per training date**		
Start Time of Training _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	End Time of Training _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		
Training time before 8 a.m. and after 5 p.m. will be subject to availability and additional charges for overtime			

HOUSING INFORMATION

Housing Requested <input type="checkbox"/> Yes <input type="checkbox"/> No	How Many Beds Total? _____	Number of _____	
		Males	Females
Check-In Date _____	Check-Out Date _____		

FOOD SERVICE INFORMATION

Food Service Requested <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>(If Yes, please complete our Meals Request form).</i>
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CONTACT INFORMATION

Main Contact First Name _____	Last Name _____
Agency Name/Fire Department _____	
Main Contact Title/Rank _____	Phone Number (____) _____
Main Contact E-Mail _____	

BILLING INFORMATION

Agency/Department Name _____	
Billing Address _____	
City _____	State _____ ZIP _____
Phone (____) _____	PO # _____ E-Mail _____
(IF APPLICABLE)	
Authorizing Signature _____	
Printed Name of Authorizing Signature _____	Date _____



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FACILITIES REQUESTED

***Please note there may be additional costs for multiple facility uses.
Please remember to use ONE form per training date.***

Most Popular Facilities and Props

- | | | | | | |
|--|--|--|--|------------------------------------|------------------------------------|
| <input type="checkbox"/> Burn Building | <input type="checkbox"/> Burn Building Pole Shed (Dirty Classroom) | <input type="checkbox"/> ARFF Building | <input type="checkbox"/> ARFF Prop/Field | <input type="checkbox"/> Ship Prop | <input type="checkbox"/> Classroom |
| <input type="checkbox"/> Hazmat Building | <input type="checkbox"/> FP1: Cars at the Curb | <input type="checkbox"/> FP2: Over-Turned Tanker | <input type="checkbox"/> FP3: PFE Props | <input type="checkbox"/> LPG Props | |

Other Facilities and Props Available

- | | | | | | |
|---|---|---|---|---|---|
| <input type="checkbox"/> FP4: Pool Fires | <input type="checkbox"/> FP5: Helo | <input type="checkbox"/> FP7: Flange | <input type="checkbox"/> All Flammable Liquids Pads | <input type="checkbox"/> Flam Pad Conex | <input type="checkbox"/> Dormitory (used for training, not housing) |
| <input type="checkbox"/> Vent Prop Flat Roof | <input type="checkbox"/> Vent Prop Pitched Roof | <input type="checkbox"/> Flam Pads Support Bldg. | <input type="checkbox"/> Forcible Entry Prop | <input type="checkbox"/> Hazmat Confined Space Prop | |
| <input type="checkbox"/> Hazmat Search Prop | | | | | |
| <input type="checkbox"/> Other Facilities Requested _____ | | <input type="checkbox"/> Other Facilities Requested _____ | | | |

TRAINING ADD-ONS

- | | | |
|---|---|---|
| <input type="checkbox"/> SCBA Rentals (how many?) _____ | <input type="checkbox"/> Ladders (how many?) _____ | <input type="checkbox"/> Other Item _____ |
| <input type="checkbox"/> Fire Engines (how many?) _____ | <input type="checkbox"/> Circular Saws (how many?) _____ | <input type="checkbox"/> Other Item _____ |
| <input type="checkbox"/> Chainsaws (how many?) _____ | <input type="checkbox"/> Fire Extinguishers (how many?) _____ | <input type="checkbox"/> Other Item _____ |

INSTRUCTORS AND FTA STAFF

All scheduled Co-Op and/or live fire training will automatically include 3 State Contract Instructors or FTA Deputies

Will you have Co-Op Instructors?

- NO (If no, are you requesting the FTA provide Contract Instructors to teach your students?) Yes No
- YES (If yes, please complete information below) Yes No

Please list all Co-Op Instructors participating in this training below:

Please note all Co-Op Instructors are required to have taken the FTA's Live Fire Instructor Course

First Name	Last Name	Date of Birth	Department Name

Once your training request form is received, we will e-mail back with confirmation of your scheduled training. Please note additional paperwork will be required and requested as part of the e-mail confirmation. If the additional documentation is not completed, we may not be able to accommodate your scheduled training. Some of the additional paperwork may include Live Fire Action Plan, hourly schedule/agenda, Facilities Use Agreement, class roster, etc.