

# Mississippi State Fire Academy

## Special Request Form

Person Requesting Signature: \_\_\_\_\_ Agency:: \_\_\_\_\_

Instructor Name: \_\_\_\_\_ E-mail Address \_\_\_\_\_

Telephone Number(s): #1 \_\_\_\_\_ #2 \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

Days of Week Course is Delivered

Monday	Tuesday	Wednesday	Thursday	Friday

Course name and #: \_\_\_\_\_

Location of Course: \_\_\_\_\_

Dates of Course: \_\_\_\_\_

Date of Course Returned: \_\_\_\_\_

Sequence to Teaching a 12 hour, 4 hour, or 2 hour class(s):

1. Complete a course request form. **If course request form is not completed and turned in, instructor will not receive material to conduct the class.**
2. Instructor must be certified to a minimum of 1041-1.
3. Course instructor notifies the Academy course coordinator for any changes to course request form (dates, students, etc.)
4. Academy coordinator will send instructor material to the instructor.
5. Roll sheet(s) must be returned after first class meeting.
6. All materials sent to Course Instructor must be returned to Academy. (Including course disk, roll sheet, course narrative, and instructor evaluations.)

**DO NOT MAKE COPY OF DISK**

Return completed form to:  
Mississippi Fire Academy  
#1 Fire Academy USA  
Jackson, MS 39208  
ATTN: David Pitts  
FAX#: 601-939-5846

Duplicate this form as needed