| MS Fire Academy FIELD DELIVERY REQUEST (Rev 12/2016) | | |
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| Requesting Department: | | |
| Address and City: | | |
| Phone Number: | Fax Number: | |
| Email: | Contact Person: | |
| \*List additional participating departments on Pg. 2 |  | |
| Please indicate which course you are requesting | | | |
|
| **Certification:**  1001 Fire Fighter I-II  1021 Fire Officer I-II   * 1041 Instructor I * 1041 Instructor II * 1521 Safety Officer * CPAT Exam | | **Extension:**   * 1002 Driver Operator-Pumping Apparatus * 1002 Driver Operator-Aerial Apparatus * Certified Volunteer Driver Operator Level I * Certified Volunteer Driver Operator-Level II * Volunteer Fire Officer Level I * Volunteer Fire Officer Level II * TIM Program- 4 hour in-house | |
| **Special:**  Rope Rescue Modules I - IV  Confined Space Rescue   * Hazardous Materials- First Responder * Hazardous Materials Technician Modules I- VI * Passenger Bus Rescue & Incident Management * Auto Extrication | |  | |
| Type of Delivery Requested: (please indicate)  \_\_\_\_\_\_\_\_\_Department to provide instruction and test course (Non IFSAC)  \_\_\_\_\_\_\_\_\_Combination-Academy staff and host department share instructional duties.  \_\_\_\_\_\_\_\_\_Contract- Academy staff to deliver and test course.  \_\_\_\_\_\_\_\_\_Department to provide instruction and Academy staff will administer test.  \_\_\_\_\_\_\_\_\_Academy staff to designate contract workers (Associate Instructors) to deliver program  and Academy staff will proctor final skills/testing. (Usually, grant funded course) | | | |
| Documentation Required to Continue this field delivery request:  \_\_\_ Signed MS Fire Academy Field Delivery Request form from host department  \_\_\_ Completed MSFA Roll Sheet (Please print or type student names and departments)  \_\_\_ Projected Field Delivery Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_ Students from Other Departments will Participate (Department Names):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Chief Signature: | | Training Officer Signature: | |
| Upon receipt of this document and the roll sheet, the Academy staff course coordinator will contact you regarding your request. If a Memorandum of Understanding is required, the Memorandum of Understanding (MOU) document will be submitted for the signature of the chief. Upon receipt of a signed MOU, the field delivery course material with instructions will be submitted to you. Testing dates will be agreed upon by both parties according to availability. | | | |

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