

**South Carolina Fire Academy**

**Florence Regional Office**

Phone: 843-664-0682

Fax: 843-664-0836

**Request for Class**

**\*\*\*REQUEST MUST BE SUBMITTED AT LEAST 30 DAYS IN ADVANCE\*\*\*  
AND**

**\*\*\*REGISTRATIONS MUST BE RECEIVED AT LEAST 2 WEEKS PRIOR TO  
COURSE START DATE \* \* \***

Dept. requesting class: \_\_\_\_\_ FDID: \_\_\_\_\_

Individual Making Request: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Fax: \_\_\_\_\_

Date Request Submitted: \_\_\_\_\_

Name of class: \_\_\_\_\_

Course Code: \_\_\_\_\_

Dates and Times: \_\_\_\_\_

\_\_\_\_\_

Location: \_\_\_\_\_

Number of Students: \_\_\_\_\_

Do you need Instructors? \_\_\_\_\_ Evaluators? \_\_\_\_\_

If no: Who will be instructing the class: \_\_\_\_\_

Who will be evaluating the class \_\_\_\_\_

**Request / Training in House (Circle One)**

What other resources do you need provided?

If there is a burn involved, where do you want to have the burn?

**Fire Chief or Designee** \_\_\_\_\_  
**(Signature Required prior to approval by Fire Academy)**

**(Fire Academy Use Only)**

Request Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Request: \_\_\_\_\_

Dept. Notified of Status of Request: \_\_\_\_\_