

# AREA 3 STATE FIRE RESCUE TRAINING

# FY 2020/21 - TRAINING CLASS REQUEST

Department: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Date Requested	Subject Requested & Hours (by topic <i>or</i> category)	Instructor Requested
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

Training resources (mobile props, Fire Commission funded courses and specialty classes) are scheduled on a first come first serve basis.

You can send completed form to: P O Box 700, Calhoun, KY 42327  
FAX 270.273.5630  
Email – [jimmy.vancleve@kctcs.edu](mailto:jimmy.vancleve@kctcs.edu)