



Lakes Region Mutual Fire Aid Training Division

62 Communications Drive, Laconia, New Hampshire 03246
603.528.9111 Fax 603.528.5989

COURSE REQUEST APPLICATION

Attention: Deputy Coordinator Heinis

General Information:

Agency Requesting Class: _____

Agency Address: _____

Town: _____ State: _____ Zip Code: _____

Agency/Representative Phone: _____

Class Requested:

Class: _____

Location: _____

Requested Equipment: _____

I, as representative of the agency sponsoring the course/module, do hereby pledge our agency's support of the course/module outlines and agree to insure that the course/module is conducted in accordance with the rules, regulations, course /module outlines, guides and tests.

Signature of Agency Representative: _____ Date: _____

Signature of Training Division Chair: _____ Date _____

Signature of Class Coordinator: _____ Date: _____

LRMFA Use Only	Received: _____ Request Approved: _____
	Date and time agency representative placing request contacted: _____