Department of Community Affairs
Division of Fire Safety
Office of Training & Certification
P.O. Box 809
Trenton, NJ 08625-0809

Phone: (609) 777-3552
Fax: (609) 341-3469

Fire Service Training

Course Delivery Form

Received: _____

Approve: _____

Office Use Only

Eligible Organization Information

Note: The Division of Fire Safety requires two weeks to create course codes and relay those codes back to the EO. Exam dates should provide sufficient time for Kean University staff to grade exams, for Division staff to review the test results and to forward exam results back to the EO.

1. Coordinator's Name: _____

   Phone Number: _____

   Fax Number: _____

2. Organization Name: _____

3. Organization Number: E ___ ___ ___ ___ ___

4. Facility Number: F ___ ___ ___ ___ ___

5. Lead Instructor: _____

Course Information

6. Name of Course:

   _____

7. Scheduling:

   Start Date: _____

   End Date: _____

   Weekday(s): _____

   Starting Time: _____

8. Number of Students: _____

9. Please provide the exam date if you are offering a Challenge Exam; or exams for the following programs: Firefighter, Fire Instructor or Fire Officer.

	Exam Date	# of Exams
Final Exam Date:	_____	_____
Re-Exam Date:	_____	_____

_____ _____

Eligible Organization Authorized Signature *Date*

Revised: 09/10