



# Virginia Department of Fire Programs Training Request/Course Completion Form

VDFP USE ONLY

SCHOOL NUMBER

This form must be used to request training from the VA Dept. of Fire Programs. Complete SECTION A to request training and submit (one) copy to the appropriate Area Office. Once the request has been processed, a copy will be mailed to you. Also, make sure the lead instructor is given a copy. A TRAINING REQUEST MUST BE APPROVED PRIOR TO A SCHOOL. After the training class is completed, the lead instructor will fill out Section B and return it with other school paperwork.

## SECTION A (REQUEST FOR TRAINING)

Check Type of School:
<input type="checkbox"/> NON-FUNDED
<input type="checkbox"/> FUNDED
<input type="checkbox"/> REIMBURSABLE

The \_\_\_\_\_ of \_\_\_\_\_  
(Fire Department, Agency, Brigade) (City, Town, County)

wishes to establish a class in \_\_\_\_\_

at \_\_\_\_\_  
(Location where training will be held)

REIMBURSABLE SCHOOL REQUESTS  
MUST BE ACCOMPANIED BY A LETTER  
OF INTENT TO PAY ALL INCURRED SCHOOL  
COSTS.

INVESTIGATOR RECERT. HOURS \_\_\_\_\_ INSPECTOR RECERT HOURS \_\_\_\_\_

Proposed Start Date: \_\_\_\_\_ Proposed End Date: \_\_\_\_\_ Number of Students: \_\_\_\_\_

Estimated Number of Training Hours: \_\_\_\_\_

\_\_\_\_\_  
Name of Person Initiating Request ( Print Clearly) Street Address

\_\_\_\_\_  
City, State, and ZIP Day Time Telephone Number

*INSTRUCTOR SECTION ON REVERSE SIDE MUST BE FILLED OUT.*

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TRAINING APPROVED  TRAINING DENIED \_\_\_\_\_  
(REASON FOR DENIAL)

\_\_\_\_\_  
Area Manager Signature Date

## SECTION B ( COURSE COMPLETION INFORMATION, TO BE FILLED OUT BY LEAD INSTRUCTOR)

Actual School Date ( If Different from request ) Start : \_\_\_\_\_ End: \_\_\_\_\_

Total Number Training Hours ( If different from request): \_\_\_\_\_

Total Number of Students Attending Training: \_\_\_\_\_

Enrollment: Number of Career Male: \_\_\_\_\_ Number of Volunteer Male: \_\_\_\_\_

Number of Career Female: \_\_\_\_\_ Number of Volunteer Female: \_\_\_\_\_



**SECTION B CONTINUED ON REVERSE SIDE**

