

# Fire Service Training

# Course Delivery Form

Received: \_\_\_\_\_  
Approve: \_\_\_\_\_  
Exam #: \_\_\_\_\_

Office Use Only

## Eligible Organization Information

## Course 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 Name: \_\_\_\_\_  
Inst. DFSID Number:         1     \_\_\_  \_\_\_  \_\_\_  \_\_\_  \_\_\_

\_\_\_\_\_   \_\_\_\_\_ *Date*  
*Eligible Organization Authorized Signature*

6. Course/Exam Name: \_\_\_\_\_ Hours \_\_\_\_\_
7. Delivery Schedule:
- Start Date:                 \_\_\_\_\_
- End Date:                    \_\_\_\_\_
- Times:                        \_\_\_\_\_
8. Number of Students: \_\_\_\_\_
9.    Exams Requested         Exam Date         # of Exams
- Initial Exam Date:         \_\_\_\_\_             \_\_\_\_\_
- Retest 1 Date:             \_\_\_\_\_             \_\_\_\_\_
- Retest 2 Date:             \_\_\_\_\_             \_\_\_\_\_
- HM Exam Date:             \_\_\_\_\_             \_\_\_\_\_
- HM Retest 1 Date:         \_\_\_\_\_             \_\_\_\_\_
- HM Retest 2 Date:         \_\_\_\_\_             \_\_\_\_\_