



Fairview Fire District
258 Violet Avenue
Poughkeepsie, NY 12601
Office: (845) 452-7453
Fax: (845) 452-0552

REQUEST TO ATTEND TRAINING

To: **CHIEF CHRIS MAEDER**

From: _____

Class Name: _____

Course #: _____

Location: _____

Class Date(s): _____

Class Prerequisites Met and Attached: Yes No

NYS OFPC Residential Program Form Attached: Yes No
(Required when taking class and/or staying at NYS Academy of Fire Science)

Training Authorization Form Attached: Yes No
(Required for OFPC & DCDER Classes)

Registration/Materials Fee \$ _____ Room/Board \$ _____

Transportation: District Vehicle (If Available) Other: _____

Approximate Transportation Cost \$ _____
(List round trip mileage distance if personal vehicle)

****Mileage for private vehicles will only be paid if no district vehicle is available****

Shift Coverage Needed: Yes No # of Shifts: _____
(Career Staff)

Date of Request: _____ Signature: _____

****Office Use Only****

Chief's Approval: _____ Date: _____

Board of Fire Commissioners Approval (if needed): _____

OFPC Out of State Training Report Required: Yes No

Date Faxed: _____ Date Mailed: _____