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

(609) 777-3552

Training Facility

Application Form



1.	Application:	New	For Official Use Only	
2.	☐ Update		Date Received: Muni Code: Problem: Returned Received Approved: Approved By:	
2	Eligible Organization Number: Type of Facility (Check all that apply):			Only Notes
3.		Classroom Live Burn Class A (combustibles) Live Burn Class B (LPG, natural gas, flammable & combustible liquids) Drill Tower SCBA Smokehouse/Maze Vehicle Fire Class B Pit Fire Extinguisher Training Mockups (State Types):	For Official Use	Offly - Notes
4.	Facility Name:			
	Mailing Address:			
	Physical Address:			
	Owner Name: Owner Address:			
	Contact Person:	Phone: Note: Contact person may be a person other than the facility representative.		
5.	Facility Rep:	Phone:		
	Facility Rep Signature:			
	Date:	Signature		

Training Facility Application Form Instructions

Note: Please type or print clearly on the application form. A permit will not be issued unless documentation is received and validated. Incomplete applications will be returned.

Section

- 1. Indicate if the application is for a new training facility or to update existing facility information.
- 2. Provide your Eligible Organization Name and ID number (if known).
- 3. Indicate which type(s) of training will be conducted at this facility.
- 4. Provide the facility name, facility mailing and physical addresses, facility owner's name and address, and contact person and phone number. Please note that the contact person may be a person other than the facility representative.
- 5. Provide the facility representative's name and phone number. The facility representative must sign and date the application form.

Forward the completed application form to:

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Note: Questions on training issues should be directed to the staff of the Office of Training and Certification at (609) 777-3552 from 8:30 A.M. to 4:30 P.M., Monday through Friday.