

# MS FIRE ACADEMY FIELD DELIVERY REQUEST (REV 10/2013)

Requesting Department:	
Address and City:	
Phone Number:	Fax Number:
Email:	Contact Person:
*List additional participating departments on Pg. 2	
<b>Please indicate which course you are requesting</b>	
<p><b><u>Certification:</u></b></p> <input type="checkbox"/> 1001 Fire Fighter I-II <input type="checkbox"/> 1021 Fire Officer I-II <input type="checkbox"/> 1041 Instructor I <input type="checkbox"/> 1041 Instructor II <input type="checkbox"/> 1521 Safety Officer <input type="checkbox"/> CPAT Exam	<p><b><u>Extension:</u></b></p> <input type="checkbox"/> 1002 Driver Operator-Pumping Apparatus <input type="checkbox"/> 1002 Driver Operator-Aerial Apparatus <input type="checkbox"/> Certified Rural Fire Apparatus Driver I <input type="checkbox"/> 1002 Overview of Apparatus Pump Operations <input type="checkbox"/> Basic Aerial Operations Annual Refresher <input type="checkbox"/> Auto Extrication <input type="checkbox"/> Passenger Bus Rescue & Incident Mgmt.
<p><b><u>Special:</u></b></p> <input type="checkbox"/> Rope Rescue Modules I - IV <input type="checkbox"/> Confined Space Rescue <input type="checkbox"/> Hazardous Materials- First Responder <input type="checkbox"/> Hazardous Materials Technician Modules I- VI	<p><b><u>NIMS:</u></b></p> <input type="checkbox"/> ICS 100 <input type="checkbox"/> ICS 200 <input type="checkbox"/> ICS 300 <input type="checkbox"/> ICS 400 <input type="checkbox"/> ICS 700 <input type="checkbox"/> ICS 800
<p>Type of Delivery Requested: (please indicate)</p> <p>_____Combination-Academy staff and host department share instructional duties.</p> <p>_____Contract- Academy staff to deliver and test course.</p> <p>_____Department to provide instruction and Academy staff will administer test.</p> <p>_____Academy staff to designate contract workers (Associate Instructors) to deliver program and Academy staff will proctor final skills/testing. (Usually, grant funded course)</p>	
<p>Documentation Required to Continue this field delivery request:</p> <p>___ Signed MS Fire Academy Field Delivery Request form from host department</p> <p>___ Completed MSFA Roll Sheet (Please print or type student names and departments)</p> <p>___ Projected Field Delivery Start Date: _____</p> <p>___ Students from Other Departments will Participate (Department Names): _____</p>	
Chief Signature:	Training Officer Signature:
<p>Upon receipt of this document and the roll sheet, the Academy staff course coordinator will contact you regarding your request. If a Memorandum of Understanding is required, the Memorandum of Understanding (MOU) document will be submitted for the signature of the chief. Upon receipt of a signed MOU, the field delivery course material with instructions will be submitted to you. Testing dates will be agreed upon by both parties according to availability. <b>ALL CONTRACTS MUST BE SIGNED WITHIN 10 DAYS BEFORE BEGINNING THE OF CLASS. ANY CHANGES IN THE CONTRACT WILL RESULT IN A DELAY OF THE PROGRAM BEGINNING.</b></p>	

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