



1525 Avenue D
 P.O. Box 820
 Snohomish, WA 98291-0820

*Snohomish County
 Fire District #4*

TRAINING REQUEST

Name of Applicant _____ Organization Name _____
 Instructor in Charge _____
 Application Date ____/____/____ User Agreement with District? Yes No
 Mailing Address _____
 Billing Address _____
 Daytime Phone _____ E-mail Address _____
 Number of people attending _____

Date of Event ____/____/____	Start Time ____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	End Time ____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Station 43 Classroom <input type="checkbox"/>	Training Site <input type="checkbox"/>			
Date of Event ____/____/____	Start Time ____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	End Time ____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Station 43 Classroom <input type="checkbox"/>	Training Site <input type="checkbox"/>			
Date of Event ____/____/____	Start Time ____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	End Time ____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Station 43 Classroom <input type="checkbox"/>	Training Site <input type="checkbox"/>			
Date of Event ____/____/____	Start Time ____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	End Time ____	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Station 43 Classroom <input type="checkbox"/>	Training Site <input type="checkbox"/>			

**SUPPLIES/EQUIPMENT
 REQUESTED:**

- Smoke Machine
- Plywood OSB
- Lumber
- Hydrant System
- PUD Water

FACILITY REQUESTED:

- All Buildings & Grounds (no one else can use the site) (\$150 hr, min \$400)
- Burn Building (\$100 hr, min \$400)
- Tower (\$50 hr)
- Pavement Only (\$20 hr)
- Roof Prop
- Station 43 Classroom (\$45 per 4 hr min (\$11.25 each additional 1 hr period))

ATTACHMENTS:

- Training Plan
- ICS 201
- ICS 202
- ICS 203
- ISO Certification(s)
- Other _____

**Return Application
 to: Greg Osborne
 Snohomish Fire & Rescue
 P.O. Box 820
 Snohomish, WA 98291-0820
 Fax 360-568-2143**

SIGNATURE OF APPLICANT _____ DATE ____/____/____