



Office of State Fire Marshal

Fire & Life Services Safety Instructor Training Form

Requestor Information:

Contact Person:

Request Date:

Contact Phone:

Contact Email:

Title of Course:

No. Days:

Course Hours:

Address of the Training Facility:

Date of Class:

Last date to register:

Training Facility:

Classroom:

Time of Class:

Instructor:

Capacity of Class, (No. Students):

Other:

Are you DPSST Instructor I certified? Y N

If not, please submit a letter to OSFM with an explanation of your teaching experience.

Are there prerequisites to the class, if so, what are the prerequisites?

Do you want the students to Request to take the course? Y N

Is the course open to any fire department or building official personnel? Y N

Description of Course: (Such as cost or special requirements)

Instructions for submitting form: Select the print icon, print a copy of this form for your own record. Select the Email icon to email the form or save the form and attach it to an email.