



Off Campus Class Request Form

Class Requested: _____ Date of Request: _____

Fire Department Requesting Class: _____

Fire Department Mailing Address: * _____

Class Requested by: _____
(Chief, Dept. Training officer, Fire Service Coordinator, AFTA Staff)

*Home # _____ *Work # _____ *Cell # _____

Fax # * _____

Class Location: _____ Region: _____

Date(s) Class to be held: _____ Start Time(s): _____

County: _____ E-mail Address: _____

Do you have a qualified instructor (not paid by AFTA) in
your department to teach this class? YES _____ NO _____

If yes, do you need the teaching material? YES _____ NO _____

Address where material is to be sent: _____

Instructor's name: _____

Does the Arkansas Fire Training Academy need to provide
an adjunct (Instructor paid by AFTA) to teach this class? YES _____ NO _____

Instructor Requested: _____

* *Required information*

Signature of Requesting Person

Please complete and return to:
Arkansas Fire Training Academy
ATTN: Kilatha Steelman
P. O. Box 3499
Camden, AR 71711
Tel: (870) 574-1521 Fax: (870) 574-0817

NOTE: Completed roster is to be submitted to the Arkansas Fire Training Academy no later than two (2) weeks after the date the class is completed. Applications need to be submitted at least two weeks prior to the start date of class.