



**Frederick County Fire and Rescue Department**  
**107 North Kent Street, Suite #106**  
**Winchester, Virginia 22601-5039**  
**Telephone: (540) 665-6388 Fax: (540) 678-4739**

**TRAINING REQUEST FORM FOR DEPARTMENT SPONSORED COURSES**

PLEASE PRINT / TYPE AND FILL OUT COMPLETELY  
RETURN ALL COPIES TO THE FREDERICK COUNTY FIRE AND RESCUE DEPARTMENT TRAINING DIVISION

**COURSE INFORMATION**

Course Requested: \_\_\_\_\_  
Starting Date of Course: \_\_\_\_\_ Course Previously Requested: YES \_\_\_\_\_ NO \_\_\_\_\_ Date of Prior Request: \_\_\_\_\_  
Location of Course: \_\_\_\_\_

**APPLICANT DATA**

Full Name: \_\_\_\_\_ Rank: \_\_\_\_\_  
\_\_\_\_\_ Male \_\_\_\_\_ Female Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Social Security Number: \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_  
Home Address: \_\_\_\_\_  
(Street / P. O. Box... City... State... Zip Code)  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Pager Number: \_\_\_\_\_  
\*NOTE: For Advanced Life Support (ALS) programs, applicants must be able to provide proof of High School Diploma or equivalency.  
Current EMS Certifications: \_\_\_\_\_ Current Fire Certifications: \_\_\_\_\_

**FIRE-RESCUE COMPANY AFFILIATION**

Check One: \_\_\_\_\_ Volunteer \_\_\_\_\_ Career \_\_\_\_\_ Non-Fire / Rescue Jurisdiction / County: \_\_\_\_\_  
Department Name: \_\_\_\_\_ FDID Number: \_\_\_\_\_  
Department Address: \_\_\_\_\_  
(Street / P. O. Box... City... State... Zip Code)  
Chief's Recommendation: \_\_\_\_\_ Yes, I recommend the applicant \_\_\_\_\_ No, I do not recommend the applicant \_\_\_\_\_  
Comments: \_\_\_\_\_  
Chief Signature \_\_\_\_\_

**SIGNATURE REQUIRED FROM ALL APPLICANTS**

**IMPORTANT:** This Training Request Form will only be accepted if a training advisory has been issued. Training requests not completely filled out will be returned for re-submittal, which may result in rejection due to limited class size.

I understand that certain segments of this training activity may be physically demanding. If I have any questions on these physical requirements or if I may need special accommodation to complete the program's activities, I will notify the Course Coordinator immediately. Furthermore, if accepted into the training program, I understand that it is my responsibility to attend all required classes. If for some reason I cannot fulfill the program requirements, I will notify the Course Coordinator immediately. Failure to notify the Course Coordinator may result in you or your department being billed for reimbursement costs of the program.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR TRAINING DIVISION USE ONLY**

Date Reviewed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Course Coordinator: \_\_\_\_\_ Contact Number: \_\_\_\_\_

† Copy of required prerequisites Not attached (see Training Advisory for a list of prerequisites)!

Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Payment Type: \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_  
Approved \_\_\_\_\_ Denied \_\_\_\_\_ Comments \_\_\_\_\_ Need Copy Of: \_\_\_\_\_  
Training Division \_\_\_\_\_ CPR Card \_\_\_\_\_  
Operations Division \_\_\_\_\_ HMFR: Awareness/Operations \_\_\_\_\_  
EMS Committee \_\_\_\_\_ Other: \_\_\_\_\_  
Applicant Notification Date: \_\_\_\_\_ By: \_\_\_\_\_ Letter \_\_\_\_\_ Telephone \_\_\_\_\_ Other: \_\_\_\_\_

WHITE COPY - TRAINING DIVISION

YELLOW COPY - AGENCY CHIEF

PINK COPY - APPLICANT