

## ARFF Training Request Confirmation

(Dept. Name) \_\_\_\_\_

I am asking that Big Bend Community College Air Rescue Fire Fighting Program provide the following services:

check one:

- 8 Hour Re-certification Training  
 5-Day Certification Training

or (other, if applicable) \_\_\_\_\_

on (Dates) \_\_\_\_\_

for (Number of Trainees/per date)  
\_\_\_\_\_

**Please indicate requests for the use of Dry Chem and/or Training Foam and number of participants per item. \*Note: additional costs listed per item below.**

Dry Chem (\$50 pp):  Yes  No How many \_\_\_\_\_

Training Foam (in hand lines) (\$75 pp):  Yes  No How many \_\_\_\_\_

Training Foam (Truck Ops) (\$410 pp):  Yes  No How many \_\_\_\_\_

*If you are requesting several training dates with additional items, you may need to complete a separate request form for each training date. Otherwise, one request sheet per department is fine.*

Dept. Contact/Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*Please return by email in order for your training to be confirmed. Thank you!*

*(EMAIL ADDRESS: [cbisinfo@bigbend.edu](mailto:cbisinfo@bigbend.edu))*