




Date Received	 Department of Public Safety Division of Fire Safety PO Box 844, Jefferson City, MO 65102 (573) 522-2426 FAX (573) 751-1744 Website: www.dfs.dps.mo.gov	 	Date Approved
Received By			Approved By

Application for Fire Fighter I & II Course Delivery

Location for Course	Start Date	Expected End Date	Est. # of Students

Street Address	City	Zip Code

Course to be Delivered:	Curriculum to be used:
<input type="checkbox"/> Fire Fighter I <input type="checkbox"/> Fire Fighter II <input type="checkbox"/> Fire Fighter I & II	Division of Fire Safety Curriculum package including: PowerPoints, student manual, practical skills book and chapter quizzes. Please check the supplement text your class will be using: <input type="checkbox"/> Jones & Bartlett, Fundamentals of Fire Fighter Skills, 3 rd Ed. <input type="checkbox"/> IFSTA, Essentials of Fire Fighting and Fire Department Operations, 6 th Ed.

Location of Course Records:	Person Responsible for Records:

Instructor Information:			
Last 4 SSN #	Last Name	First Name	
Mailing Address of Instructor		City	State
Email Address		Phone Number	

Host Agency Information:		
Agency Name	Agency Phone #	County
Lead Instructor Signature		Date

Attach Tentative Course Schedule Division of Fire Safety Use Only

	Date	Initials		Date	Initials
Approval Granted			Course Schedule Recvd		
Approval Letter Sent			Notes:		
Data Entry Date: _____					