

ROCKLAND COUNTY FIRE TRAINING CENTER



FAX TRAINING REQUEST

PLEASE FAX REQUEST TO: 845-364-8961

DATE: _____

STUDENT NAME(S): _____

COURSE TITLE: _____

COURSE NUMBER: _____

COURSE DATES: _____

FIRE DEPARTMENT: _____

OFFICER REGISTERING STUDENT: _____

E-MAIL: _____

PHONE NUMBER: _____

ALL TRAINING REQUESTS MUST BE APPROVED BY A FIRE DEPT. OFFICER

For RCFTC Use Only Below

_____ APPROVED _____ DENIED

COMMENTS: _____

SIGNATURE: _____ DATE: _____

35 Firemen's Memorial Drive, Pomona NY 10970

845-364-8800

There is a charge for Businesses and Out of County Fire Depts.

Email: rcftc@co.rockland.ny.us

Should this class need to be cancelled due to weather or any other reason we will post the cancellation on the Internet www.cancellations.com or you can listen to **1640 AM**.