



Pell City Fire & Rescue

Training Division



Name of person or business requesting training: _____

Contact person (if different than above): _____

Contact Information- Phone Number: _____

Email Address: _____

Class that is requested to be taught: _____

Approximate number of students: _____

Date that class is to be taught (please give at least three tentative dates):

Is the class to be taught on-site or at PCFD Training facility: _____

If the class is to be taught on-site, please check the following list

1. Is there an area available to comfortably seat everyone expected to attend plus 1-2 instructors?

Yes ___ No ___

2. Does the above room have enough space for any hands-on activities required by the class? (eg.

CPR practice with dummies in the floor) Yes ___ No ___

3. Is there A/V equipment available? (TV/DVD player, TV with HDMI inputs, Projector with HDMI

input or PC input and external speakers) Yes ___ No ___

What are your expectations of the requested training?

Is there anything that the instructor should be aware of (special considerations, class tailoring, etc...)

Please return to:

PCFD Station 1

3040 Cogswell AVE

(205)338-6006 ext.1

Or Email to the Training Coordinator

bharbison@cityofpellcity.net

Please feel free to contact us with any question or concerns

"Service with Pride"