



# 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”*