



# Wyoming County Office of Emergency Services Application for Use of Wyoming County Fire Training Center

## Application for Use of Wyoming County Fire Training Center

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Requested Date(s): \_\_\_\_\_

Requested Times: From: \_\_\_\_\_ To: \_\_\_\_\_ o'clock

Name of Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of the Proposed Activity (Live Fire, Training Room, Range): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of Participants: \_\_\_\_\_ Certificate of Liability Insurance\*: Date Supplied: \_\_\_\_\_

*\*Wyoming County agencies (County Departments, Police, FD's) are not required to submit copy of insurance*

*"The undersigned agrees to comply with full disclosure of the nature of the sponsoring organization in all advertising and publicity related to any events housed in the Wyoming County Fire Training Center. Failure to comply with the aforementioned full disclosure may result in cancellation of the scheduled activity."*

*I, the undersigned authorized official of the requesting organization, do hereby certify that the above-proposed activity will not violate applicable state and federal prohibitions against discrimination on the basis of race, national origin, creed, or sex.*

*I have read and understand the "Use of Fire Training Center" policy and will comply with the terms of this policy.*

\_\_\_\_\_

Date

Name

Signature

*For use of Live Burn Training Facility please fill out next page*

# Application for Use of Wyoming County Live Burn Training Facility

Fire Department Safety Officer\_\_\_\_\_

Fire Department EMS Provider\_\_\_\_\_

Certification Level    EMR\_\_\_\_\_    EMT\_\_\_\_\_    AEMT\_\_\_\_\_    Paramedic\_\_\_\_\_

Fire Department Reviewed “Wyoming County Live Burn Training Facility” SOG’s        Yes\_\_\_ No\_\_\_

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## Emergency Services Office Use

Assigned Emergency Service Observer 1\_\_\_\_\_

Assigned Emergency Services Observer 2\_\_\_\_\_

Number of Students Participated in Training\_\_\_\_\_

Assigned Emergency Services Observer Briefing Checklist Completed and Returned to OES Yes\_\_\_ No\_\_\_

Any Injuries Reported                      Yes\_\_\_No\_\_\_ (if yes, OES must be informed immediately)

Any Damage to Facility Reported        Yes\_\_\_No\_\_\_ (if yes, OES must be informed immediately)