**West Virginia University Fire Service Extension**

**West Virginia State Fire Academy**

**2600 Old Mill Road**

**Weston, West Virginia 26452**

**REQUEST FOR TRAINING**

***General Instructions*:** *All requests will be processed in the order in which they are received. Prior to approval, you may be contacted to clarify a portion of your request, solicit more details, or give you alternate suggestions for requested facilities, dates, or times that are not available. Once all information is acquired we will provide you a cost estimate. Items left blank or not filled out properly will result in delayed processing. Submission preference is email: fireservice@mail.wvu.edu. You may also submit by mailing it to WVU-FSE, 2600 Old Mill Road, Weston, WV 26452 or fax 304-269-0870*

**PART I – INFORMATION**

|  |  |
| --- | --- |
| Required Information | Department/Organization Information |
| Date Prepared: | 7/10/24 |
| Name of Department or Organization: | NJ Department of Environmental Protection |
| Mailing Address: | 401 E. State Street, PO Box 420 Mail Code 401-02E Trenton NJ 08625 |
| Name of Person Submitting Request (POC): | Melissa Evanego |
| Commercial Phone: | 609-940-5761 |
| Cell Phone: |  |
| Email Address: | Melissa.evanego@dep.nj.gov |
| Alternate POC: |  |
| Commercial Phone: |  |
| Cell Phone: |  |
| Email Address: |  |
| Type Training and/or Title of Event: | AFV/EV course for first responders |
| Estimated number of students: | uncertain |
| Location of Training: | NJ |

**PART II – Training Requested**

|  |  |  |
| --- | --- | --- |
| Start Date/Time | No. Persons | Type of Training(Describe type of training needed) |
| End Date/Time |
|  |  | Interested in the above listed training. Looking into workforce development training so I am scoping out what costs would be if we used grant funding to pay for the training. What is the largest number of students allowed in a training session? What is the cost per training session? Is there a discount if we want this training course to be provided 21 times (once for each of our county)? |
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Date Received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructor contacted? Yes No Date Instructor Contacted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructors:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WVUFSE Official Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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