

*MONROEVILLE PUBLIC SAFETY
TRAINING CENTER*

USE OF FACILITIES REQUEST FORM

The Public Safety Training Center offers the training facility for use by bona fide public safety agencies to conduct emergency services training during available training dates/times. After calling the Director or Deputy Director and securing an open date, please complete the below information and return to the address above no later than three (3) days before the scheduled training date.

Organization Name: _____ Expected No. Trainees _____

Address: _____

City, St., Zip: _____

Contact Name/Title: _____

Daytime Phone No.: _____ Cell Phone No.: _____ Pager: _____

Email address: _____

Training Subject(s): _____

Certifying/Accrediting Agency: _____

Training Date(s) Start: _____ End: _____ Days of Week: M T W R F S U # of Sessions _____

Start time: _____ End Time: _____

Suggested Instructor Name: _____ Daytime Phone: _____

Suggested Instructor email: _____ Cell Phone: _____

Suggested Instructor Credentials: _____

PSTC Area(s) Requested:

_____ Classroom _____ Tower _____ Pond

_____ Driving Pad _____ Drafting Pad _____ Range

_____ Other, list: _____

EQUIPMENT NEEDED: _____

Enclosed Certificate of Liability Insurance: _____ Yes _____ No

Signature of Requestor / Officer _____ Date: _____

Approval Signature: _____ Date: _____