

PTSF Facility or Simulator Usage Request Form (PLEASE PRINT CLEARLY)

Please return to: Kevin Smith, Kevin:Smith@BC3.edu, or mail to: BC3, Public Safety Training Facility, Attn. Kevin Smith 107 College Drive, Butler, PA 16022

Requesting Organization:		County:	
Mailing Address	City	State Zip code	
Organization phone #:()	Organization	ı e-mail:	
Contact Person(s):	Contact e-mail:		
Contact Person Phone #(s):()	Estimated r	number of persons attend	ing:
Class Title or reason for use of the facility If this a State Fire Academy Local Level Co			
Date(s) of request	Start Time	(s)	Finish Time(s)
Sprinkler SystemResidentiForcible Entry SimulatorVInterior Rope AreaHydranHelicopter Fire SimulatorVWax/Gas Cylinder/Industrial GasOther:	ehicle Fire Simulator It Water Supply Roo Wire Entanglement Simulat SimulatorFire Truc	Confined Space Area _ of Cut/Ladder simulator _ tor Rail Car/Tanke k(s) Ground Fire S	Cascade System Window simulator er Fire Simulator simulator
PAYMENT AUTHORIZATION:			
IF YOU ARE AN ACTIVE BUTLER COUNTY F COMMUNITY CHEST SCHOLARSHIP (CTCC) MAKE CHECKS PAYABLE TO: BUTLER COUI	. WOULD YOU LIKE TO APPENTY COMMUNITY COLLEGI	PLY FOR THE CTCC SCHOL	ARSHIP? ☐ YES ☐ NO
WOULD YOU LIKE TO INVOICE YOUR FIRE	DEPARTMENT? IF YES, PLE	ASE FILL OUT THE FOLLO	WING INFORMATION:
PERSON AUTHORIZING TO PAY THE INVO	ICE:		
NAME:		TITLE:	
CELL PHONE NUMBER:()	EMAI	ıL:	
MAILING ADDRESS:			
PO NUMBER OR OTHER MISC INFORAMTION	ON:		