OFFICE OF THE STATE FIRE COMMISSIONER
PA STATE FIRE ACADEMY
1150 RIVERSIDE DRIVE
LEWISTOWN, PA 17044
1800-459-4096 (in PA) or 717-248-1115

FACILITY USAGE REQUEST FORM

Requesting Organization:_____ County:_____

Mailing Address_____ City_____ State____ Zip code_____

Organization phone #:_____ Organization e-mail:_____

Contact Person(s):_____ Contact e-mail:_____

Contact Person Phone #(s):_____

Class Title or reason for use of the facility:_____

Estimated number of persons attending:_____ Is this a meeting or training session?_____

Is this a State Fire Academy Local Level Course? Yes/No (circle) If yes, attach a copy of local level application

Which of the following will you need? (check all that apply with dates and times)
If there is not enough space to write the dates and starting/ending times, you may attach a schedule of dates and times.

	DATE(s)	Starting Time	Ending Time
_____ **Computer Lab** (12 computers)	_____	_____am/pm	_____am/pm
_____ **Conference Room** (up to 16 persons only)	_____	_____am/pm	_____am/pm
_____ **Classroom(s)**	_____	_____am/pm	_____am/pm

How many rooms? _____(1 to 4 classrooms which can be sub-divided)
_____with tables and chairs (1 classroom seats approx. 24 persons)
_____or with chairs only (1 classroom seats approx. 40 persons)
_____Kitchen (will your event be catered? Yes/No – circle)

_____**A/V Equipment**
_____Laptop
_____LCD projector

_____ Other:_____

	DATE(s)	Starting Time	Ending Time
_____ **Drill Grounds**	_____	_____am/pm	_____am/pm

Is this a Fire Department Training Day (FDTD) for live burns? Yes/No (circle)
(Check all that apply)

_____Residential Burn Building
_____4-story Burn Building
_____Old Burn Building Complex (5 story)
_____Drafting Pit
_____Hydrant water supply
_____Cascade System
_____Other:_____

_____Sprinkler System
_____Maze
_____Forcible entry Simulator
_____Confined space/USAR simulator
_____Interior rope exercise area
_____Roof Cut simulator
_____Roof Ladder simulator

OFFICIAL USE ONLY

Classroom(s) Assigned:_____ Number of Attendees: _____
Facilitator:_____ Length of Program: _____
Key # Assigned:_____

Aug. 2007