



PARTICIPATING DEPARTMENT DECAL ORDER FORM

Organization Name: _____

Mailing Address: _____

City: _____ **State** ____ **Zip** _____ **County:** _____

Requesting Person: _____ **Title:** _____

Daytime Contact Number: _____

Email: _____

Level of Recognition: _____ 10% _____ 50% _____ 75% _____ 100%

Number of Decals Requested: _____ **Total Amount Due:** _____

Signature: _____ **Date:** _____

Chief Executive or Chief Operating Officer

Effective July 1, 2016, there will be a fee of \$5.00 per decal. Payment must be made in the form of a check or money order, payable to the "Commonwealth of Pennsylvania".

**Mail application to: Pennsylvania State Fire Academy
Attn: Certification Program-Decal Order
1150 Riverside Drive
Lewistown, PA 17044**