**State of Alaska**

**Department of Public Safety**

**Division of Fire and Life Safety**

**Training and Education Bureau**

**APPLICATION FOR ACCREDITATION & FIRE TRAINING COURSE APPROVAL**

Organization Information

|  |  |
| --- | --- |
| Fire Department or Organization | Click here to enter text. |
| Mailing Address | Click here to enter text. |
| City, State, Zip | Click here to enter text. |
| Telephone | Click here to enter text. |
| Fax | Click here to enter text. |
|  |  |
| Chief’s Name | Click here to enter text. |
| Training Officer’s Name | Click here to enter text. |

APPLYING FOR:

Initial Accreditation

When do you anticipate being ready for Phase #1 evaluation? Click here to enter text.

When do you anticipate being ready for Phase #2 evaluation and final exam testing? Click here to enter text.

Course Approval

Course Name: Click here to enter text.

I attest that the above information is true and complete. Our fire department/organization is fully committed to becoming an accredited fire training program through the Training and Education Bureau. Our fire department/organization will adhere to all rules and regulations of the accreditation process.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_Click here to enter a date.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_