**State of Alaska**

**Department of Public Safety**

**Division of Fire and Life Safety**

**Training and Education Bureau**

# APPLICATION FOR WAIVER OF REGISTRATION OF FIRE DEPARTMENT

|  |  |
| --- | --- |
| Name of Department or Training Institution | 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. |

Training institutions that are authorized by the Alaska Commission on Postsecondary Education to conduct postsecondary training are exempt from registration of fire department with the State Fire Marshal’s Office. Documentation must be provided to TEB if requesting a waiver.

Check if applying for waiver of registration of fire department.

Attach Alaska Commission on Postsecondary Education authorization in accordance with AS 14.48

Attach Alaska Commission on Postsecondary Education exemption from authorization in accordance with AS 14.48