



DECATUR TOWNSHIP FIRE DEPARTMENT

5410 S. HIGH SCHOOL RD. INDIANAPOLIS, IN 46221

PHONE (317) 856-5400 FAX (317) 856-1426



APPLICATION FOR TRAINING

DATE: _____

NAME: _____ UNIT# _____

RANK: _____ STA. ASSIGNMENT _____ SHIFT: _____

NAME OF SCHOOL: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____

COURSE TITLE: _____

DATE OF COURSE: _____

FEES ASSOCIATED WITH COURSE (\$)

TUITION: \$ _____

LAB: \$ _____

BOOKS: \$ _____

LODGING: \$ _____

TOTAL COST: \$ _____

BRIEF DESCRIPTION OF HOW THIS COUSE WILL BENEFIT YOU AND THE DECATUR TOWNSHIP FIRE DEPARTMENT: _____

FIREFIGHTER SIGNATURE _____

SHIFT CAPTAIN SIGNATURE _____

FIRE CHIEF SIGNATURE _____

APPROVED

NOT APPROVED

NEED MORE INFORMATION