



**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 - APPLICATION 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.

| | <u>DATE(s)</u> | <u>Starting Time</u> | <u>Ending Time</u> |
|---|----------------|----------------------|--------------------|
| _____ Small Meeting Room (seats 8-10 persons) | _____ | _____ am/pm | _____ am/pm |
| _____ Conference Room (seats 16 persons) | _____ | _____ 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) | | | |
| _____ Will your event be catered? Yes/No – circle | | | |
| A/V Equipment | | | |
| - Will you be using the desktop already provided? | | Yes or No | |
| - Will you be using your personal laptop? | | Yes or No | |
| - Will you need the LCD projector in addition to the fixed classroom projector? | | Yes or No | |
| Are there any other additional needs? _____ | | | |

| | <u>DATE(s)</u> | <u>Starting Time</u> | <u>Ending Time</u> |
|----------------------------|----------------|----------------------|--------------------|
| _____ Drill Grounds | _____ | _____ am/pm | _____ am/pm |

Is this Live Fire Training? Yes or No (If yes, submit the Local Level Live Fire Request with all instructors listed)

(Check all that apply)

- | | |
|---|-------------------------------------|
| _____ Residential Burn Building | _____ Sprinkler System |
| _____ 4-story Burn Building | _____ Maze |
| _____ Old Burn Building Complex (5 story) | _____ Forcible entry Simulator |
| _____ Drafting Pit | _____ Confined space/USAR simulator |
| _____ Hydrant water supply | _____ Interior rope exercise area |
| _____ Cascade System | _____ Roof Cut simulator |
| _____ Other: _____ | _____ Roof Ladder simulator |

OFFICIAL USE ONLY

| | |
|------------------------------|----------------------------|
| Classroom(s) Assigned: _____ | Number of Attendees: _____ |
| Facilitator: _____ | Length of Program: _____ |
| Badge/Key # Assigned: _____ | |

Revised May 12, 2021