

Date Received	<b>Texas Commission on Fire Protection Fire Service Standards &amp; Certification Division</b>	Date Processed
	P.O. Box 2286, Austin, Texas 78768-2286 (512) 936-3838 Fax No. (512) 936-3808	Processed By
	<b>Training Facility Application for Certification</b>	Certificate Code

Certification fees are **NON-REFUNDABLE**. The fee is \$85 for each discipline for which certification is desired. Please type or print clearly.

FDID No. (if known)	Training Provider		Mailing Address	
City		State	Zip Code	Physical Location
Training Facility Phone Number		Fax Number		Chief or Entity Head
				Title

**Mark each discipline for which the facility is seeking certification:**

<input type="checkbox"/> Structure Fire Protection	<input type="checkbox"/> Aircraft Rescue Fire Protection	<input type="checkbox"/> Marine Fire Protection	<input type="checkbox"/> Fire Inspector	<input type="checkbox"/> Plans Examiner	<input type="checkbox"/> Arson/Fire Investigator
<input type="checkbox"/> Driver Operator – Aerial	<input type="checkbox"/> Driver Operator – Pumper	<input type="checkbox"/> Fire Officer I	<input type="checkbox"/> Fire Officer II	<input type="checkbox"/> Fire Officer III	<input type="checkbox"/> Fire Officer IV
<input type="checkbox"/> Haz Mat Technician	<input type="checkbox"/> Haz Mat Incident Commander	<input type="checkbox"/> Instructor Level I	<input type="checkbox"/> Instructor Level II	<input type="checkbox"/> Instructor Level III	<input type="checkbox"/> Fire & Life Safety Educator I
<input type="checkbox"/> Fire & Life Safety Educator II	<input type="checkbox"/> Basic Wildland Fire Protection	<input type="checkbox"/> Intermediate Wildland Fire Protection	<input type="checkbox"/> Incident Safety Officer		

**Mark the subchapter which describes how the facility will deliver the training for which application is being made. Check the paragraph (or paragraphs) which describe how facility will meet Commission requirements.**

<input type="checkbox"/>	<u>Subchapter A – On-Site Delivery</u>	<input type="checkbox"/>	<u>Subchapter B – Distance Training Delivery</u>
<p><u>Check one or both of the following, as applicable:</u></p> <p><input type="checkbox"/> I have attached supporting documents, including annotated photographs as required in section 427.1 (f) of the Standards Manual, and attest that the above identified facility owns all of the structures, apparatus, training equipment, protective clothing, and reference materials required to teach the commission approved curriculum for each discipline marked above. I also attest that the facility is staffed by qualified instructors, has the required resources for testing, and will maintain the required training records.</p> <p><b>IF APPLICABLE:</b></p> <p><input type="checkbox"/> I have attached a letter of agreement authorizing the use of any resources not controlled by this facility from the provider of said resources. The indicated resources are readily available to the facility as needed. I have enclosed annotated photographs of these resources as required by Section 427.1 (f) of the Standards Manual. All resources being provided meet any applicable requirements of Section 427 of the Standards Manual.</p>			



**Purpose:** This form is to be utilized by departments and organizations that are seeking approval to offer commission approved curriculum courses (Chapter 427, Training Facility Certification).

**Date Received:** Reserved for agency use.

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**FDID No.:** The identification number assigned to the department by the commission.

**NOTE: DO NOT PUT A FDID NUMBER IF YOU ARE REQUESTING DISTANCE LEARNING DELIVERY AND HAVE NOT ALREADY BEEN ASSIGNED AN ONLINE FDID NUMBER BY TCFP.**

**Training Provider:** The name of the training facility.

**Mailing Address, City, State, Zip Code:** The mailing address of the training facility.

**Physical Location:** The actual physical location of the training facility, if different from the mailing address.

**Training Facility Phone Number, Fax Number:** Provide the appropriate numbers.

**Chief or Agency Head:** The name of the individual who is in administrative charge of the training facility.

**Title:** The title of the named individual.

**Mark each discipline for which the facility seeks approval to provide certification training:** Check each discipline for which an approval to provide training is sought. There is an \$85.00 application fee for each certificate requested.

**Mark the paragraph which best describes how the facility meets minimum requirements to provide certified training:** Both on-site training providers and distance training providers must complete this section. Photographs to document the required facilities and equipment are required in section 427.1 (f) of the Commission rules.

**On-site Training Facility:** Review Chapter 427, Subchapter A, and the specific curriculum chapter for detailed information for each section. Remember to attach letters of agreement authorizing the use of resources not owned by the facility from the provider of those resources.

**Distance Training Facility:** Review Chapter 427, Subchapter B, and the specific curriculum chapter for detailed information for each section. Remember to attach letters of agreement authorizing the use of resources not owned by the facility from the provider of those resources.

**CHIEF TRAINING OFFICER:** Provide the name, personal identification number (PIN) and level of instructor certification of the individual that is assigned as training officer or coordinator for the training facility. The named individual must hold, at a minimum, Fire Service Instructor III certification.

**PERMANENT TRAINING FACILITY INSTRUCTOR STAFF:** Provide the names, personal identification numbers (PINs) and levels of certification for all individuals who are assigned as permanent instructional staff of the training facility.

**Signatures:** Legal signatures and printed names of the chief/department head and the training officer/coordinator with the signature date.