Date Received		Texas Commission on Fire Protection Fire Service Standards & Certification Division						Date Processed			
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		Т	rainiı	ng Fac	ility Ap	plicati	on fo	or Ce	rtification		Certificate Code
Certification fees are NON-REFUNDABLE. The fee is \$85 for each discipline for which certification is											
FDID No. (if known) Training Provider				Mailing Address							
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☐ Driver Operator – Aerial		□ Driver Opera – Pumper	ator	☐ Fire Officer I		□ Fire	e Officer II		□ Fire Officer III		☐ Fire Officer IV
□ Haz Mat Technician		□ Haz Mat Incident Commandel		□ Instructor Level I			☐ Instructor Level II		□ Instructor Level III	[□ Fire & Life Safety Educator I
				☐ IntermediateWildland FireProtection		S	afety	t			
Sub	Subchapter A − On-Site Delivery □ Subchapter B − Distance Training Delivery					ning Delivery					
Check one or both of the following, as applicable:											
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.											
IF APPLICABLE: 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.											
	fication ed. Ple No. Ing Facil ach distriction ar Operate Aerial Haz Mat chnician & Life Saucator II he subothe par Sub Che I ha the sequifor exercite in the sequiform exercite in	fication fees ed. Please t No. Training ach discipline ucture Fire otection er Operator — Aerial Haz Mat chnician & Life Safety ucator II he subchapte the paragraph Subchapte Check one I have atta the Standa equipment, for each dis resources in IF APPLIC I have atta the provide enclosed a	fication fees are NON-Red. 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Box 2286, Austin, Texas 78768-2286 (512) 936-3838 Fax No. (512) 936-3808 Training Facility Application for Certification fication fees are NON-REFUNDABLE. The fee is \$85 for each discipline for ved. Please type or print clearly. No. Training Provider Mailing Address State Zip Code Physical Location ach discipline for which the facility is seeking certification: ucture Fire Aircraft Rescue Protection Protection Fire Protection Price Officer Fire Inspector Protection Protection Protection Protection Protection Protection Protection Protection Protection Instructor Level II Price Officer III Price Officer III Price Protection Protection Protection Protection Instructor Level II Level III Protection Instructor Level IIII Protection Protection Protection Protection Instructor Level IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Fire Protection Fire Service Standards & Certification Division P.O. Box 2286, Austin, Texas 78768-2286 (512) 936-3838 Fax No. (512) 936-3808 Training Facility Application for Certification fication fees are NON-REFUNDABLE. The fee is \$85 for each discipline for whice ed. Please type or print clearly. 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IFAPPLICABLE: I have attached

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CHIEF TRAINING OFFICER/COORDINATOR:

Chief Training Officer/Coordinator Name	PIN	Level of Instructor Certification

PERMANENT TRAINING FACILITY INSTRUCTOR STAFF:

PERMANENT TRAINING FACIL		AII.			
Instructor Name		PIN	Level of Instr	uctor Certification	
If additional space is needed to	list instructors, plea	se attach a separate list.			
By signature below, and under the penalties provided for in the Texas Penal Code, I affirm that the statements on this form and any attachments to this form are true and correct. I understand any misstatements or omissions of material facts may constitute grounds for administrative proceedings by the Texas Commission on Fire Protection. I understand that a representative of the commission will be assigned to inspect the above identified facility for compliance with the requirements for certification of a facility. It is also understood that a representative of the commission may monitor any training conducted by this facility that is to be applied to a level of certification by the commission.					
Signatures:					
Chief or Entity Head		Training Officer/0	Coordinator		
Print Name	Date	Print Name		Date	

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TCFP-006

Training Facility Application for Certification

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

Processed By: Reserved for agency use. **Certificate Code:** Reserved for agency use.

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.

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