

ATLANTIC COUNTY FIRE TRAINING CENTER  
5033 English Creek Avenue  
Egg Harbor Township, NJ 08234  
Telephone: 609-407-6743 Fax: 609-407-6745

**TRAINING APPLICATION**

(Please Print or Type)

Organization: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Municipality: \_\_\_\_\_  
Zip: \_\_\_\_\_ Phone No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

LIVE BURN TRAINING: EMS Requirement: You will bring:  Fire Academy to provide:

(Note: You are required to pay for 3 staff instructors plus straw when using the Burn Building for LIVE BURN training. An EMT or Ambulance must also be on scene during all live burn training. If you will not provide your own, we will provide another Instructor to be the EMT.)

CHECK TYPE OF FACILITY ACTIVITY: (Please check all that apply)

- |                                                      |                                                     |                                                 |
|------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Drill Tower                 | <input type="checkbox"/> Vehicle Extrication Pad    | <input type="checkbox"/> Fire Extinguisher Area |
| <input type="checkbox"/> Burn Building               | <input type="checkbox"/> Drafting Pit               | <input type="checkbox"/> Cascade System         |
| <input type="checkbox"/> LP Gas Pad                  | <input type="checkbox"/> Engine Room                | <input type="checkbox"/> Drivers Training Area  |
| <input type="checkbox"/> Smoke House                 | <input type="checkbox"/> Roof Ventilation Simulator | <input type="checkbox"/> Cafeteria              |
| <input type="checkbox"/> Confined Space Mockup       | <input type="checkbox"/> Flashover Simulator        |                                                 |
| <input type="checkbox"/> Classrooms: How Many: _____ |                                                     |                                                 |

Drill Specifics:

Date of Drill: \_\_\_\_\_ Alternative Date: \_\_\_\_\_ # of Students Attending: \_\_\_\_\_

Time Block Requested:  Blk 1: 0800 – 1200  Blk 2: 1200 – 1700  Blk 3: 1700 – 2200

Description of Drill/Training:

Apparatus to be Used:

It is agreed by the agency submitting this application that they will comply with the Rules and Regulations established by the Fire Training Advisory Board of the Atlantic County Fire Training Center. It is further understood by the submitting agency that failure to comply with the Rules and Regulations that are established may result in the revoking of this training permit and/or suspension of future privileges associated with the Atlantic County fire Training Center.

\_\_\_\_\_  
Signature of Authorized Representative

Date: \_\_\_\_\_

For ACFTC Use

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_ Approved By: \_\_\_\_\_