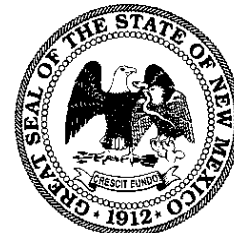


NEW MEXICO PUBLIC REGULATION COMMISSION



NEW MEXICO FIREFIGHTERS TRAINING ACADEMY

600 Aspen Rd
Socorro, NM 87801
800-734-6553 (In-state only)
(505) 835-7501
Fax : (505) 835-7506



Training Bureau of the STATE FIRE MARSHAL DIVISION

Activity/Training Request Form

The following information must be provided to the Bureau Chief or his designee before permission to use the facility is granted. PLEASE NOTE: A FACILITY USE FEE may be applicable, depending on specific requirements of the User. Please contact the Academy for more information about the FACILITY USE FEE.

Agency/Organization: \_\_\_\_\_

Date Facility Needed: \_\_\_\_\_

Projected Start Time: \_\_\_\_\_ AM / PM Projected End Time: \_\_\_\_\_ AM / PM

Estimated Number of Attendees/Students: \_\_\_\_\_ Estimated Number of Instructors/Presenters: \_\_\_\_\_

Number of Classrooms Needed: \_\_\_\_\_

Type of Activity: [ ] Training [ ] Meeting [ ] Other (please specify): \_\_\_\_\_

Brief description of this activity/training: \_\_\_\_\_

Agency Representative/Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

E-Mail or other pertinent information: \_\_\_\_\_

Are you requesting any specific Audio/Visual equipment? [ ] No [ ] Yes (Please fill out and return attached form)

Are you requesting any other type of equipment? [ ] No [ ] Yes If Yes, Please specify what equipment you will need:

\* \* \* For Academy Use Only \* \* \*

Approved: [ ] No [ ] Yes

Approved By: \_\_\_\_\_
Coordinator Date

Activity Number: \_\_\_\_\_ Facility Use Fee: [ ] No [ ] Yes: \$ \_\_\_\_\_

Instructor/Coordinator: \_\_\_\_\_
Signature Date

Actual Number of Attendees: \_\_\_\_\_ Actual Hours of the Activity/Training Session: \_\_\_\_\_



