



**Bucks County Community College**  
 Department of Public Safety Training and Certification  
**LOCAL LEVEL COURSE (REQUEST) APPLICATION**

**Phone:** 267-685-4888  
**Fax:** 215-788-4906  
**Email:** [PSSstate@bucks.edu](mailto:PSSstate@bucks.edu)

This form must be submitted to the Bucks County Community College with at least **8 weeks** lead time before proposed starting date.  
 All Course (Requests) Application can be emailed to [psstate@bucks.edu](mailto:psstate@bucks.edu)

<b>To be completed by organization requesting the course</b>		
<b>Course Title:</b>	<b>Code (FSC):</b>	<b>Hours:</b>
<b>Starting Date:</b>	<b>Ending Date:</b>	
<b>Starting Time:</b>	<b>Ending Time:</b>	
<b>Indicate any other date / times this course will meet:</b>		
<b>Course Hosting Agency (Address), Payment Information, and Point of Contact:</b>		
<b>Agency Name:</b>	<b>Agency ID# (TMP Dept.):</b>	
<b>Contact Person:</b>	<b>Mobile Telephone No:</b>	
<b>Address Line 1:</b>	<b>Day Telephone No.:</b>	
<b>Address Line 2:</b>	<b>Evening Telephone No.:</b>	
<b>City, State, Zip:</b>	<b>E-mail Address:</b>	
<input type="checkbox"/> Check (# _____)	<input type="checkbox"/> VISA or <input type="checkbox"/> MasterCard	<input type="checkbox"/> Bucks County Dept.
<input type="checkbox"/> Organization P.O. (# _____)	<i>All Credit Card payments must complete and submit a Credit Card Authorization Form, which can be found on our website.</i>	<input type="checkbox"/> TMP Dept.
<b>Course Location (Address) and Point of Contact:</b>		
<b>Agency Name:</b>	<b>Agency ID# (TMP Dept.):</b>	
<b>Contact Person:</b>	<b>Mobile Telephone No:</b>	
<b>Address Line 1:</b>	<b>Day Telephone No.:</b>	
<b>Address Line 2:</b>	<b>Evening Telephone No.:</b>	
<b>City, State, Zip:</b>	<b>E-mail Address:</b>	
<b>Course Location (include Street, City, State, Zip):</b>	<b>Is "Live Fire" being used?:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
	<i>If Live Fire is being used, list the location of the "live fire" evolution below:</i>	
<b>County:</b>		
<b>Name and Address of Proposed Instructor</b>	<b>Instructor Contacted:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Signature of Requesting/Employing Agency Representative (Chief, Training Officer, President, etc.).</b> <small>Signature also attests that Fire Department's Insurance carrier provides accident Insurance and workmen's compensation coverage for the participants.</small>		
<b>Printed Name:</b>	<b>Signature:</b>	<b>Date:</b>
<b>FOR OFFICIAL USE ONLY:</b> This block may be used by BCCC to list Information specific to record keeping needs, such as Instructors, salary, etc.		
<b>Name and Approval of Agency: Bucks County Community College Department of Public Safety Training &amp; Certification</b>		
<b>Instructor(s):</b>	<b>Salary:</b>	<b>Expenses:</b>
<b>FSC (Course/Section):</b>	<b>Class Hours:</b>	<b>Semester:</b>