



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

1760 South Easton Road Doylestown, PA 18901
Main Phone: 267-685-4888
Training Facility Fax: 215-788-4906
Business Office Fax: 215-497-8721

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

To be completed by organization requesting the course		
Course Title:	Code (FSC):	Hours:
Starting Date:	Ending Date:	
Starting Time:	Ending Time:	
Indicate any other date / times this course will meet:		
Course Hosting Agency (Address), Payment Information, and Point of Contact:		
Agency Name:	Agency ID# (TMP Dept.):	
Contact Person:	Mobile Telephone No.:	
Address Line 1:	Day Telephone No.:	
Address Line 2:	Evening Telephone No.:	
City, State, Zip:	E-mail Address:	
<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.
Course Location (Address) and Point of Contact:		
Agency Name:	Agency ID# (TMP Dept.):	
Contact Person:	Mobile Telephone No.:	
Address Line 1:	Day Telephone No.:	
Address Line 2:	Evening Telephone No.:	
City, State, Zip:	E-mail Address:	
Course Location (include Street, City, State, Zip):	Is "Live Fire" being used?: <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>	
County:		
Name and Address of Proposed Instructor	Instructor Contacted: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Signature of Requesting/Employing Agency Representative (Chief, Training Officer, President, etc.). Signature also attests that Fire Department's Insurance carrier provides accident Insurance and workmen's compensation coverage for the participants.		
Printed Name:	Signature:	Date:
FOR OFFICIAL USE ONLY: This block may be used by BCCC to list Information specific to record keeping needs, such as Instructors, salary, etc.		
Name and Approval of Agency: Bucks County Community College Department of Public Safety Training & Certification		
Instructor(s):	Salary:	Expenses:
FSC (Course/Section):	Class Hours:	Semester: