

California Fire Fighter Joint Apprenticeship Committee



Train-the-Trainer Registration Request

Department: _____

Mailing Address: _____

Department Contact: _____

Contact Phone #: _____

Email: _____

Course Location: _____ Dates: _____

The following representatives from the _____ Fire Department will provide Terrorism Consequence Management training at the local level upon completion of the Train-the-Trainer Course.

Names(s) Please Print

Authorized by: _____ Date: _____
Please Print

Signature: _____

*Requests must be submitted by the Department Fire Chief or Training Officer.

PLEASE MAIL, EMAIL OR FAX COMPLETED FORM TO:

CFFJAC/TCM
1780 Creekside Oaks, Suite 201 • Sacramento, CA 95833
Fax (916) 922-0972 • CFFJAC@cpf.org
If you have questions, please call (916) 648-1717.

