



**PENNSYLVANIA STATE FIRE ACADEMY
"ACADEMY ON THE ROAD (AOTR)"
PROGRAM REQUEST APPLICATION**

Name of program requested: _____

Date(s) of program: _____ Start Time: _____

Contact Person Name and Title: _____

Email Address: _____

Daylight phone number: _____

Cell phone number: _____

Name of Host organization: _____

Address of Host organization: _____

City and Zip Code of Host: _____

County of Host Organization: _____ Max Seating Available: _____

Name of Chief/President Approving Application: _____

Title of Above Person: _____

Signature of Above Person: _____ Date: _____

Location of where the class will begin on the first day:

Location of class for outside exercises (if different than the above address)

NOTE: If requesting Flashover Simulator, list GPS coordinates along with physical location:

Return this completed form to: Resident Instructor Tom Leiter by email (thleiter@pa.gov) or mail to: Attn: Tom Leiter, PA State Fire Academy, 1150 Riverside Drive, Lewistown, PA 17044

For any additional information, please contact State Fire Academy at 1-800-459-4096.

www.osfc.pa.gov