



FIRE EXTINGUISHER TRAINING REQUEST

SAN BERNARDINO COUNTY FIRE PROTECTION DISTRICT COMMUNITY SAFETY DIVISION

San Bernardino Office
620 South "E" Street
San Bernardino, CA 92415-0179
Phone (909) 386-8470
Fax (909) 386-8460
Hours: 8:00 am – 5:00 pm M-F

North Desert Office
15900 Smoke Tree St. Suite 131
Hesperia, CA 92345-3222
Phone (760) 995-8190
Fax (760) 995-8205
Hours: 8:00 am – 5:00 pm M-F

East Valley Office
200 East Third Street
San Bernardino, CA 92410
Phone (909) 918-2201
Fax (909) 381-0071
Hours: 8:00 am – 5:00 pm M-Th

South Desert Office
58928 Business Center Dr.
Yucca Valley, CA 92284
Phone (760) 995-8190
Fax (760) 995-8205
Hours: 9:00 am to 12:00 pm Wed

WEBSITE: www.sbcfire.org

REQUESTOR INFORMATION

PLEASE COMPLETE THE INFORMATION BELOW AND MAIL TO THE SAN BERNARDINO COUNTY FIRE DEPARTMENT AT THE APPROPRIATE ADDRESS ABOVE.
UPON REVIEW, THE DEPARTMENT WILL CONTACT YOU REGARDING THE STATUS OF YOUR REQUEST.

REQUESTING AGENCY or BUSINESS	CONTACT NAME	TITLE	DATE of REQUEST
BILLING ADDRESS		STATE	ZIP CODE
		PHONE	FAX
TYPE of BUSINESS			

TRAINING DETAILS

TRAINING LOCATION	TRAINING CONTACT	PHONE
# of STUDENTS	PREFERRED TRAINING DATE AND TIME Date: _____ Time: _____ to _____	ALTERNATE TRAINING DATE AND TIME Date: _____ Time: _____ to _____

Every effort will be made to accommodate your preferred date and time of training. However, scheduling will depend upon staff availability at the time of the request.

FEE ACKNOWLEDGEMENT

The fee for fire extinguisher training is \$461.00 for the first hour, and \$153.00 for each additional hour. One (1) hour of training can typically accommodate up to twenty-five (25) participants. This fee pays for the Trainer's time and supplies.

This fee presumes that you will provide your own fire extinguishers. You must coordinate the training date with your fire extinguisher servicing company to have your fire extinguisher servicing company service and recharge your extinguishers after the training. Written proof, such as a work order or contract, must be available for inspection on or before the training date.

You will be contacted upon receipt of this request with an estimated training cost. Payment must be received in the form of a check, cash, money order or credit card no later than 7 working days prior to the date of the scheduled training or training dates may be rescheduled. Checks and money orders are to be made payable to "San Bernardino County Fire Department". County departments wishing to pay via SAP fund transfer must advise the scheduling clerk prior to scheduling the training.

I acknowledge that the quoted fee for this training is an estimate based on information that I have presented. If training times should exceed the amount paid, I understand that I will be billed for any additional training time provided and agree to pay the amount billed.

_____ Sign Name	_____ Title
_____ Print Name	_____ Date

OFFICE USE ONLY

ESTIMATED COST OF TRAINING \$461 (1 st hr.) + _____ Hours @ \$153/hr:	DATE of TRAINING	SCHED. TIME OF TRAINING:	TRAINER
CHECK/CREDIT CARD NUMBER	RECEIPT NUMBER	INVOICE #	DATE INVOICE MAILED
ACTUAL TRAINING HOURS _____ to _____	ACTUAL FEES DUE \$461 (1 st hr.) + _____ Hours @ \$153/hr:	SIGNATURE	TITLE
CHECK/CREDIT CARD NUMBER	RECEIPT NUMBER	INVOICE #	DATE INVOICE PAID