



**PA State Fire Academy  
Request for Live Fire Training  
or Smoke Training  
PLEASE TYPE**

(Revised 2023)



To: \_\_\_\_\_, Field Supervisor

From: \_\_\_\_\_, Local Level Instructor

Date: \_\_\_\_\_

**I request permission to conduct a Live Fire Training/Live Smoke Drill (NOT SBS) at:**

Location: \_\_\_\_\_ County: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Date: \_\_\_\_\_

**I request to have the following PSFA Suppression Level Instructors assigned as:**

Lead Instructor: \_\_\_\_\_ Safety Officer: \_\_\_\_\_

RIT Officer: \_\_\_\_\_ Ignition Officer: \_\_\_\_\_

Assistant Instructor: \_\_\_\_\_ Assistant Instructor: \_\_\_\_\_

Assistant Instructor: \_\_\_\_\_ Assistant Instructor: \_\_\_\_\_

Assistant Instructor: \_\_\_\_\_ Assistant Instructor: \_\_\_\_\_

There will be approximately \_\_\_\_\_ students participating in the training/drill. We are planning on using \_\_\_\_\_ hose line(s).

Educational Training Agency: \_\_\_\_\_

Lead Instructor Signature: \_\_\_\_\_