



*All requests must be received **4 weeks** prior to the class start date.*

Course Title:		FY:	Approval Code:				
Training Location Name:		Start Date:	End Date:				
Training Location Physical Address:		<input type="checkbox"/> Advertise Online?	Advertise Phone/Email/Web:				
Contact Name:		Contact's Email Address:					
Contact's Phone:		_____ Estimated Students					
Primary Instructor	Name:	Email:					
	SFT ID:	Phone:					
List any additional instructors required to maintain appropriate Instructor to Student ratios below:							
Name:		SFT ID:		Name:		SFT ID:	
Name:		SFT ID:		Name:		SFT ID:	
Name:		SFT ID:		Name:		SFT ID:	
Name:		SFT ID:		Name:		SFT ID:	
List Instructor Trainees working on Task Books below:							
Name:		SFT ID:		Name:		SFT ID:	
HOSTING INFORMATION:				BILLING INFORMATION:			
Agency:				Agency:			
Attn:				Attn:			
Street Address:				Street Address:			
City/St./Zip Code:				City/St./Zip Code:			

FOR STATE FIRE TRAINING USE ONLY

Approval Date:	Date Submitted:	PO #:		
Registration Information		Unit Price	Quantity	Total Price
CFSTES Registration:0198-____-4143500-4143500011-35405902-59210		\$140		\$
FSTEP Registration:0198-____-4143500-4143500012-35405902-59210		\$75		\$
CEET:0198-____-4143500-4143500023-35405902-59210		\$80		\$
RIO:0198-____-4143500-4143500023-35405902-59210		\$150		\$
TOTAL DUE:				\$

Contact the Course Scheduler with questions or changes at: SFT.CourseScheduler@fire.ca.gov.
 Remember when returning a course to upload the Course Scheduling Approval Form and Class Roster to the SFT User Portal within 15 days of the class end date.