



NFA Application
OSFM-SFT-NFA-1 (REV. 05/26)

COURSES AND DATES

NFA Course Title	NFA Course Code	Date(s)

CLASSROOM SITE

Name of Building: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip Code: _____

Emergency Phone: _____

This Classroom Site Has PowerPoint? YES NO



STATE/REGIONAL CONTACT

Full Name: Katy Luetke Porter
Job Title: Deputy State Fire Marshal
Organization: CAL FIRE State Fire Training
Work Phone: (916) 698-2998
Email: Katy.Luetkeporter@fire.ca.gov

ALTERNATE STATE/REGIONAL CONTACT

Full Name: Chris Fowler
Job Title: Division Chief
Organization: CAL FIRE State Fire Training
Work Phone: (916) 568-2901
Email: Chris.Fowler@fire.ca.gov

LOCAL CONTACT

Full Name: _____
Job Title: _____
Organization: _____
Work Phone: _____
Cell Phone (opt.): _____
Fax: _____
Email: _____



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SPONSORING HOST

Name of Organization: _____

Type: _____
e.g., Fire School, Academy, etc.

INSTRUCTOR LODGING

Name of Hotel: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip Code: _____

Rate per Night: _____

Credit Card

Confirmation Required (Y/N): _____

Nearest Commercial Airport: _____

OFF CAMPUS SHIPPING INFORMATION

Recipient Name: _____

Job Title: _____

Organization: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Email: _____