



# CFSTES COURSES

## Request for Course Scheduling



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

**By submitting this request, instructors in conjunction with Hosting agencies, agree to comply with all published State Fire Training policies and procedures of the California State Fire Marshal's Office.**

**Email:** SFT.CourseScheduler@fire.ca.gov \* **Ph.** (916) 324-6359.

|                                |  |                |  |  |                          |
|--------------------------------|--|----------------|--|--|--------------------------|
| Today's Date:                  |  | Course:        |  | <b>Class Code: (SFT Use Only)</b>  |                          |
| Start Date:                    |  | End Date:      |  | E-Learning? <input type="checkbox"/> Online/hybrid                                       |                          |
|                                |  |                |  | Advertise In Class Schedule?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                          |
| Training Facility:             |  |                | Facility Ph. #:  |  | Class (City):            |
| Hosting Agency:                |  |                | Contact Name:  |  |                          |
| Contact's Phone Number:        |  |                | Contact's Website <b>or</b> Email Address:   |  |                          |
| Primary Instructor(s):         |  | Instructor ID# | Number of Additional/Skills Evaluators   |  |                          |
| Instructor's Email Address:    |  |                | Additional Instructor(s):  |  |                          |
| Instructor's Phone Number:     |  |                | Shift Schedule?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                        | # of Shifts:   | # of Students per Shift: |
| Est. Number of Students: _____ |  |                | ARTP/ALA Local Processing (ARTP/ALA Only) <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                          |
| <b>SHIPPING INFORMATION:</b>   |  |                | <b>BILLING INFORMATION:</b>  |  |                          |
| Agency:                        |  |                | Bill To Agency:  |  |                          |
| Attn:                          |  |                | Attn:  |  |                          |
| Street Address (No PO Box):    |  |                | Street Address:  |  |                          |
| City/State/Zip:                |  |                | City/State/Zip:  |  |                          |

**✂ FOR STATE FIRE TRAINING USE ONLY ✂**

|   |  |                |                   |  |                    |
|---|--|----------------|-------------------|--|--------------------|
| Date Shipped:                                     |  | Date Returned: |                   | <input type="checkbox"/> MRT #:<br>(CAL FIRE Only) |                    |
| <b>Registration and Materials</b>                 |  |                | <b>Unit Price</b> | <b>Quantity</b>                                    | <b>Total Price</b> |
| Course Registration ..... (59210-142500-20)       |  |                | \$80.00           |  | \$                 |
| Shipping/Handling Charges: ..... (59210-14200-03) |  |                |                   |  | \$ 8.00            |
| revised: October 2015                             |  |                | <b>TOTAL</b>      |  | \$                 |
| <b>DO NOT PAY THIS IS NOT A BILL</b>              |  |                |                   |  |                    |

Return all class materials to **SFT Shipping/Receiving, 1131 S Street, Sacramento, 95811**  
within **15 days** of the class end date using a carrier that can track your shipment.